



CITY OF OXFORD
EDUCATION COMMITTEE

REPORT
of the
PRINCIPAL
SCHOOL MEDICAL OFFICER
for the
YEAR 1969





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MEMBERS OF THE EDUCATION COMMITTEE AND THE
SPECIAL SERVICES SUB-COMMITTEE
1969-70

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 - *Alderman Mrs. J. M. YOUNG, M.A., (Vice-Chairman)
 - *Alderman L. E. HARRISON (Chairman of the Special Services Sub-Committee)
 - " Mrs. F. K. LOWER, O.B.E.
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 - " L. G. WEEKES
 - * " Mrs. P. YARDLEY
- THE VENERABLE THE ARCHDEACON OF OXFORD
D. W. BANTON
THE VERY REV. CANON B. MCKENNA
- *Mrs. C. P. NORMAN
 - *A. M. PALMER
 - Miss M. R. PRICE, O.B.E., M.A.
 - R. H. PRIOR, D.F.C., M.A.
 - THE REV. G. K. HAWES
 - LADY THOMPSON, M.A.
 - R. A. YOUNG
 - *Miss C. V. BUTLER, M.A. (Co-opted member of the Special Services Sub-Committee)
 - *L. FRANKS, J.P. (Co-opted member of the Special Services Sub-Committee)
 - *R. W. J. ROBINSON, M.C., M.A. (Co-opted member of the Special Services Sub-Committee)

*Members of the Special Services Sub-Committee

STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer:

J. F. WARIN, M.D., D.P.H.

Deputy Principal School Medical Officer:

R. P. RYAN, M.B., B.S., D.P.H. (resigned 19.1.69)

E. P. LAWRENCE, M.B., B.Chir., D.P.H., D.T.M. & H.
(transferred from Senior School Medical Officer 20.1.69)*Senior School Medical Officers:*

VERA M. HOLLYHOCK, M.B., B.Chir., D.P.H.

JOHN S. RODGERS, M.B., B.Chir., (Cantab.)

M.B., Ch.B. (Sheff.), D.P.H., D.Obs. R.C.O.G. (appointed 1.3.69)

School Medical Officers

K. C. KEWISH, M.R.C.S., L.R.C.P., D.P.H. (resigned 28.2.69)

M. JEAN BOND, M.B., Ch.B.

PAUL HARKER, M.B., B.S. (appointed 1.7.69)

CYNTHIA M. PHILLIPS, B.M., B.Ch. (part-time)

Principal School Dental Officer

C. H. I. MILLER, B.Sc., L.D.S.

Superintendent Nursing Officer:

Miss E. P. GILBERTSON (a) (b) (c)

Deputy Superintendent Health Visitor:

Miss G. DAVIES, D.N. (a) (b) (c) (resigned 1.6.69)

Miss G. M. LAWRENCE (a) (b) (c) (transferred from Senior Health Visitor 2.6.69)

Senior Health Visitors:

Miss J. BARNETT (a) (b) (c)

Miss N. CROOKALL (a) (c)

Miss D. BREE (a) (b) (c)

Health Visitors:

Miss E. BLACKLER (a) (b) (c)

Miss P. A. BROADBENT (a) (b) (c)

Miss M. BROWN (a) (b) (c) (d) (resigned 30.4.69)

Miss R. CARPENTER (a) (b) (c) (d) (resigned 5.9.69)

Miss J. A. CLARKE (a) (b) (c) (appointed 25.9.69)

Mrs. A. DOWLING (a) (c)

Miss E. DUDSON (a) (b) (c) (d)

Miss E. J. FRAMPTON (a) (b) (c)

Miss E. N. GATLIFFE (a) (b) (c) (appointed 25.9.69)

Mrs. G. M. GREEN (a) (c) (resigned 5.12.69)

Mrs. B. HALLETT (a) (b) (c) (resigned 2.3.69)

Miss D. M. KING (a) (b) (c) (d)

Miss H. RANKIN (a) (b) (c)

Miss H. ROBINSON (a) (b) (c)

Mrs. M. F. STEIN (a) (b) (c) (appointed 25.9.69)

Miss D. TATTERSALL (a) (b) (c)

Miss M. E. TILLIN (a) (b) (c) (d) (appointed 25.9.69)

Miss M. WITTEN-HANNAH (a) (c)

Mrs. N. P. WELCH (a) (c) (appointed 25.9.69)

Student Health Visitors:

1st Year 4

2nd Year 3

School Nurses:

Mrs. J. BAILEY

(a) (b) (c)

Mrs. D. HALL

(a)

Mrs. E. D. JACOBS

(a) (appointed 10.9.69)

Mrs. M. MACLACHLAN

(a)

Mrs. A. WILKINS

(a) (b) (resigned 31.8.69)

(a) State Registered Nurse

(b) State Certified Midwife

(c) Health Visitor's Certificate

(d) Queen's Nurse

Remedial Gymnast:

Mrs. I. EVANS (resigned 31. 8.69)

Mrs. S. WYNNE (temporary part-time; Autumn term only)

Dental Auxiliary:

Mrs. S. WHITE (part-time)

Senior Dental Attendant:

Mrs. J. E. HOWELLS

Nursing Attendant:

Mrs. C. BARKER (part-time) (died 12.9.69)

Administrative Assistant:

Miss B. GRANT

Senior Clerical Assistant:

Mrs. I. PARSONS

Clerical Assistants:

Miss A. CLUTTERBUCK

Miss E. DORLING

Miss V. M. GIBBS

Mrs. N. SHINGLER

SCHOOL CLINICS*Dental Clinic:*

East Oxford Health Centre

By appointment only

Remedial Exercise Clinics: (discontinued at the end of the year)

At selected schools or clinics

By appointment only

Child Guidance Clinic:

Northern House, South Parade

By appointment only

Speech Therapy Clinics:

At selected schools or clinics

By appointment only

*Enuresis Clinic:*Greyfriars, Paradise Street
Blackbird Leys Health CentreBy appointment only
By appointment only

Mr. CHAIRMAN, LADIES AND GENTLEMEN,

One of the main responsibilities of the School Health Service is the ascertainment, optimum school placing and supervision of handicapped children. If it is at all possible a handicapped child should attend an ordinary school and with the co-operation of the teachers many are able to do so in Oxford. Alternatively, a special school or class is necessary: this City is fortunate in having a variety of such schools and classes which accommodate 265 Oxford children, together with a number from the neighbouring counties. Only 31 City children, many of whom suffer severe or multiple handicaps, are at present away at special residential schools.

In September Slade Park School re-opened as Iffley Mead School in new purpose-built buildings. Teachers, children and parents are full of enthusiasm for their new environment which has already stimulated new ideas and techniques in organisation and teaching. There is a very active and well supported parent/teacher association which is invaluable in a school of this type. An enthusiastic, school-based youth club meets on four evenings a week and provides many varied activities.

The new Iffley Mead School has quickly demonstrated the value of purpose-built premises for handicapped children and there is already eager anticipation of the early replacement of the Ormerod School. A good site is available for this purpose adjoining Bayswater School and outline sketch plans are in the course of preparation. The Ormerod School is catering for an increasing proportion of children who are seriously handicapped physically; of 43 children on the roll six are entirely dependent on wheel-chairs, ten require walking aids or crutches and four need help in moving around on account of lack of motor control. Many have more than one handicap. A number of these children have benefited from surgery during the year. The twice-weekly swimming sessions at the Blackbird Leys Bath are invaluable, and a gratifying number of swimming certificates have been awarded. In June a number of parents, teachers and others who are interested in the school, formed an association having the title 'Friends of Ormerod'.

The Park Hospital School ceased to be an annexe of Northern House School in September. An increase in the number of pupils attending resulted in some strain on the available teaching accommodation. This school, in conjunction with the hospital team, is acting as a very effective educational assessment unit.

The Adolescent Unit School at the Warneford Hospital is now firmly established. During the year 33 pupils coming from a wide area have attended. The school tries to meet the needs of older children of average or above average intelligence who, by reason of psychiatric illness, are unable to cope with an ordinary school.

Northern House School has had a full complement of children throughout the year, the average stay being nearly three years. Helpful parent/

teacher meetings were addressed by the Headmaster and the Senior Educational Psychologist.

The four classes for partially hearing children were fully operational throughout the year. A new training course, leading to qualification as a specialist teacher of the deaf and partially hearing, has been established at the Lady Spencer Churchill College of Education and students and teachers have been welcomed as visitors.

New referrals to the Northern House Clinic comprised 73 boys and 25 girls, which is the usual sex ratio. Whilst applauding the gradual reduction in the age of referral Dr. Ounsted makes a plea for more children to be sent to the clinic from the pre-school and infant school age groups. In other words, the need for psychiatric help should be appreciated even earlier than is at present the case. The interesting suggestion is made that a small hostel near to Iffley Mead School might prove to be an economical unit to accommodate at least some of the 14 subnormal children who are now away in relatively expensive boarding special schools.

A short report on the school psychological service is included for the first time. This service is so closely linked with the school psychiatric service, both having headquarters at Northern House, that it seems incomplete to refer to one without the other. The team comprises two educational psychologists, one psychiatric social worker and four remedial advisory teachers; they are primarily concerned with the assessment and treatment of children who have educational and/or emotional problems.

Mrs. I. Evans, Remedial Gymnast for the past twelve years, retired at the end of the summer term. It was agreed that the time was opportune for a review of this service. After widespread consultation it was eventually decided not to fill the vacant full time post. A part time physiotherapist has been appointed who will work at the Ormerod School and be available for consultation by school doctors. The parents of children suffering from mild degrees of flat feet, knock knees and poor posture will be advised as to simple remedial exercises which can be carried out regularly at home. Children with more marked defects will be referred in the first instance to their family doctor who will, no doubt, recommend a hospital consultation in appropriate cases.

The Enuresis Clinic has continued to give beneficial results; well over half the children who attend are either cured or are considerably improved. The optimum age for referral is probably between six and eight years and the best results are undoubtedly obtained from buzzer alarm therapy. Forty-nine buzzer alarms are now available and there is no waiting list for this form of treatment.

There was a small drop in the number of routine school medical examinations. Two more infant schools were able to open nursery classes, providing a welcome additional 60 places.

For many years careful thought has been given to the optimum use of available staff. This has resulted in highly trained health visitors confining their activities to attendance at the school entrants medical and eye examinations, to regular visits to the nursery schools and classes and to health education talks within the schools. School nurses are employed for all other routine school medical inspections, hygiene inspections, immunisation sessions, (diphtheria/tetanus, poliomyelitis, Heaf testing, B.C.G., measles and rubella) and for attendance at the Enuresis Clinics. For many years now the clerical staff of the school health service have undertaken all routine vision testing at 8, 11, 13 and 15 years of age, with re-testing as required. They attend special clinics for school children at the Eye Hospital and at the E.N.T. Department of the Radcliffe Infirmary. Clerks also undertake routine colour vision testing during the last year at primary school, using the Ishihara charts: they also undertake the routine audiometer testing of all school entrants using the pure tone audiometer. These varied tasks have been undertaken with enthusiasm and expertise by the clerical staff who have thus saved the valuable time of school nurses and school health visitors.

Routine hygiene inspections of school premises are now undertaken by public health inspectors rather than by school doctors. Increasingly unsatisfactory outside toilet accommodation at a number of schools must be placed high on the list for improvement. In some of these old schools there has been understandable delay in modernisation or replacement due to uncertainty about central area development, the roads problem and the reorganisation of schools. Some junior schools are still not adequately equipped to deal with the needs of menstruating school girls. Agreed recommendations were included in my Report for 1966 and it is hoped that the head teachers of these schools will see that the necessary facilities are provided.

There was no case of diphtheria for the twenty-first year in succession and no case of poliomyelitis for the twelfth year. This was an epidemic year for measles, but only 101 cases were notified amongst school children and of these 92 had not been vaccinated against this disease. The nine cases amongst previously vaccinated children were all mild. There were only two cases of whooping cough.

There was only one case of food poisoning, probably contracted abroad, and eight cases of mild dysentery.

There was an increase in infective jaundice, 53 cases being notified, of whom 45 lived in one area of the City. The majority of the cases occurred in the autumn. The school mainly involved is a modern building with excellent washing and sanitary accommodation, and in which paper towels are in regular use. Fortunately this disease is usually very mild in school children.

Under the auspices of the Medical Research Council, and in conjunction with Dr. Dudgeon, Consultant Virologist to the Hospital for Sick Children,

Great Ormond Street, London, a trial of rubella vaccine (Cendehill strain) was undertaken during the autumn term, when all fourteen year old girls in City Schools were invited to participate. Three quarters of those tested were found to have natural immunity against rubella and the remainder were given vaccine; reactions were negligible. The scheme was so successful that vaccine will be offered to all 13 year old girls early next year. It is hoped that later in life none of these girls will need to worry about the risks of contracting rubella during early pregnancy.

There were nine notifications of tuberculosis, involving seven families of whom five were immigrants. The seven pulmonary cases were all detected at a very early stage before any symptoms had developed.

The B.C.G. scheme acceptance rate at 87.1% was about average for the last five years. The tuberculin positive rate was only 9.3% in maintained and 5.3% in non-maintained schools if children previously vaccinated with B.C.G. are excluded. This is a very low rate, and if Grade 1 reactors are excluded, (about which there is some uncertainty as to significance) then only 47 (3.6%) children out of the 1,305 tested came within the categories of Grades 2, 3 and 4.

There were only two deaths amongst school children, one due to a road accident and the other to suicide.

An ever increasing enthusiasm on the part of teachers for health education has been well supported by the Adviser and by the medical and health visiting staff. This developing service has so far concentrated on secondary and junior schools, but there is undoubtedly also scope in the infant schools, and a specially devised series of lessons at Overmede Infants' School was most successful and of great interest to the parents of these young children. A small working party of head and assistant teachers has been formed to maintain and to further interest in health education in primary schools. An interesting and challenging innovation during the year was the holding of a week's course on mental health at Littlemore Hospital for senior secondary school pupils. The needs of the special schools are now being explored and an introductory series of talks on personal relationships is being held at Iffley Mead School. Practically every non-selective secondary school now runs a course in mother and child care, this being a combined effort of teachers and health visitors. A most successful two day conference for the upper fourth forms at Milham Ford School was devoted to personal and community relationships. The subject of drug abuse once again demanded much attention and talks were given to schools, youth clubs and parent/teacher associations. At Headington Secondary School a small group of girls gathered together information and visual aids in order to present the subject to their fellow pupils; a novel approach which probably has much to commend it. Health Education work in Oxford schools is attracting increasing national and international attention and towards the end of the year the B.B.C. Panorama team filmed some of the sex education work undertaken, including a

parent/teacher meeting at St. John Fisher School and a lesson at Redefield School.

The report on physical education starts by emphasising the very rapid development of facilities during the last ten years. This is followed by a chronicle of the very varied and successful events of the current year, amongst which the progress of the Riverside Club, the Schools Sailing Association, the Schools Gymnastic Association and the phenomenal success of the Blackbird Leys Young Gymnasts warrant special mention. There were team and individual successes in all the main field and indoor sports. The report ends with even better swimming results, including the successful teaching of non-swimming adults.

Dr. R. P. Ryan left the department in January to take up the post of Assistant Senior Administrative Medical Officer to the Newcastle Regional Hospital Board. Like his predecessors, he was responsible for the day to day control of the school medical service, in which he took a very great personal interest. Dr. K. Kewish emigrated to Canada at the end of February. As replacements Dr. E. P. Lawrence was promoted to the post of Deputy Principal School Medical Officer, Dr. J. Rodgers joined the staff in March as a Senior Medical Officer and Dr. P. Harker in July as a Departmental Medical Officer. Miss G. M. Davies, Deputy Superintendent Health Visitor, left at the end of May and the best wishes of all her colleagues are extended to her for a long and happy retirement. She had been a member of the staff for 31 years. Miss G. M. Lawrence was promoted to take her place. We shall miss the following experienced health visitors who also left during the year: Miss M. Brown, Miss R. Carpenter, Mrs. G. M. Green and Mrs. B. Hallett. Mrs. C. Barker, part-time nursing attendant, died in September; she had given faithful service for 25 years, first within the district nursing service and then for the last three years dealing with infestation within the school health service.

Once again I should like to thank the Chairman and Members of the Special Services Sub-Committee for the interest they have, at all times, taken in the School Health Service. My thanks are also due to the Chief Education Officer and his staff, and to all Head Teachers for their very willing co-operation. As usual, I have been able to rely on my own loyal hardworking staff. I am most grateful to them all, and particularly to Dr. Lawrence and Miss Grant who have borne the main burden of the day to day administration of the Service.

Yours faithfully,

J. F. WARIN

ROUTINE MEDICAL EXAMINATIONS

Numbers Examined

1. <i>Maintained Schools</i>	1967	1968	1969
Entrants	2,269	1,915	1,544
Eleven year olds	667	962	1,033
Other examinations	382	521	511
	3,318	3,398	3,088
2. <i>Magdalen College School (Direct Grant)</i>			
Entrants (all ages)	72	82	76
Other examinations	12	11	13
	84	93	89

All children are examined on entry to nursery schools or classes and on entry to infants' schools. Another routine examination is made of all entrants to secondary schools. Children can be seen at any time if it is necessary, and as far as possible a doctor visits each school once a term to see children brought forward by teachers or parents.

Nursery Schools and Nursery Classes in Infant Schools

	<i>Nursery Schools</i>	<i>Nursery Classes</i>	<i>TOTAL</i>
Full time places available	320	280	600
Number of attenders (full and part time)	400	329	729

There are seven nursery schools and a total of nine infants' schools with classes for under fives, as two more infants' schools were able to open nursery classes during the year, providing an additional 60 places. Very nearly one third of infants' schools now have nursery classes.

All are visited regularly by school health visitors and doctors.

LIST OF SCHOOLS AND SCHOOL DOCTORS

J. S. RODGERS, M.B., B. Chir. (Cantab.), M.B., Ch.B. (Sheff.), D.P.H.,
D. Obs. R.C.O.G., (appointed 1.3.69)
Magdalen College

VERA M. HOLLYHOCK, M.B., B.Chir., D.P.H.
The Cherwell Secondary Modern
Bishop Kirk C.E. Junior
Our Lady's R.C. Junior and Infant
St. Aloysius R.C. Junior and Infant
Ormerod Special
Iffley Mead Special

K. KEWISH, M.R.C.S., L.R.C.P., D.P.H. (resigned 28.2.69)

P. HARKER, M.B., B.S. (appointed 1.7.69)

Cheney Mixed Secondary Technical
 Northway Secondary Modern
 Oxford Secondary Grammar
 South Oxford Secondary Modern
 Church Cowley J.M. and Infant
 New Marston Junior
 St. Michael's C.E. Junior and Infant
 South Oxford J.M. and Infant
 New Marston Infant
 Bartlemas Nursery
 New Marston Nursery

M. JEAN BOND, M.B., Ch.B.

Cowley St. John C.E. Secondary Modern
 East Oxford Secondary Modern
 Cutteslowe Junior and Infant
 East Oxford Junior
 St. Barnabas Junior and Infant
 St. Ebbe's C.E. Junior and Infant
 St. Thomas's C.E. Junior and Infant
 Wolvercote Junior and Infant
 East Oxford Infant
 SS. Philip & James's C.E. Infant
 Summertown St. Michael's C.E. Infant
 Grandpont Nursery
 North Oxford Nursery
 Northern House Special

CYNTHIA PHILLIPS, B.M., B.Ch.

Redefield Secondary Modern
 Blackbird Leys Junior
 Blackbird Leys Infant

KATHLEEN WARIN, M.B., Ch.B., D.P.H.

Cheney Girls Secondary Grammar
 Edmund Campion R.C. Secondary Modern
 Milham Ford Secondary Grammar
 Donnington Junior
 Rose Hill Junior
 St. Joseph's R.C. Junior and Infant
 SS. Mary & John C.E. Junior and Infant
 Donnington Infant
 Rose Hill Infant
 Singletree Nursery

MARY M. HEAF, B.A., M.B., B.Ch., D.C.H., B.A.O.

Cowley St. James's C.E. Junior and Infant

Headington Quarry Junior and Infant

St. Andrew's C.E. Junior and Infant

Slade Nursery

GILLIAN SLEIGHT, M.B., B.S.

Bayswater Secondary Modern

Barton Junior

Barton Infant

Headington Nursery

PATIENCE C. BURN, M.B., B.S., D.C.H.

Temple Cowley Secondary Modern

Cowley St. Christopher C.E. Junior Mixed

Overmede Junior

West Oxford Junior and Infant

Wood Farm Junior

Overmede Infant

Wood Farm Infant

ROSALIND M. COOLING, M.B., Ch.B.

Headington Secondary Modern

Headington Junior

Cowley St. Christopher C.E. Infant

Headington Infant

C. E. STRODE, B.M., B.Ch., D.R.C.O.G.

New Hinksey C.E. Junior and Infant

D. A. H. THOMAS, M.B., B.S.

St. John Fisher R.C. Junior and Infant

DEFECTS OF VISION

Routine Testing

Health visitors test five year old entrants. If they do not yet know their letters, they are tested with Sjorgren hand charts instead of Snellen's charts. Clerks from the School Health Service test the children subsequently with Snellen's charts at the ages of 8, 11, 13 and 15 years.

Children whose vision is less than 6/9 in either eye are referred to the clinic at the Eye Hospital. Those whose vision is 6/9 in both eyes are re-tested at the next session at the school.

Altogether 7,957 children were tested with the following results:

(a) Tests carried out by Health Visitors

	<i>Age</i>				<i>Total</i>
	4	5	6	7	
Tested	61	719	540	114	1,434
Referred to special clinic	3	24	25	5	57
For observation	2	32	46	13	93

(b) Tests carried out by Clerks

	<i>Age</i>										<i>Total</i>
	8	9	10	11	12	13	14	15	16	17+	
Tested	1,359	360	206	1,416	329	1,137	265	962	139	350	6,523
Referred to special clinic	62	29	14	49	32	44	24	33	11	9	307
For obser- vation	125	42	25	77	20	52	24	40	14	14	433

By request, vision screening tests were carried out at an independent preparatory school and those with defective vision were referred to their family doctors for further investigation.

Special Clinic at the Eye Hospital

A special clinic for school children, attended by a clerical assistant from the School Health Service, is held at the Eye Hospital. There were 1,130 attendances at this clinic during the year, and spectacles were prescribed in 458 cases. There is no waiting list and both new cases, and old cases attending for follow-up, can be seen without delay.

Testing of Colour Vision

All children have their colour vision tested in their last year at a primary school. This leaves plenty of time for any further investigations which may be necessary in the case of those children who decide upon a career for which normal colour vision is essential. Clerks from the School Health Service carry out the initial test at school using the Ishihara Charts. This is a very sensitive test and therefore all children who fail are referred to the Eye Hospital where the Ishihara Chart test is repeated and, in addition, the Giles Archer Lantern test is used, the latter giving results of more practical significance.

Of the 1,746 children who were examined in school, 43 failed the Ishihara Test. During the year 36 children were re-examined at the Eye Hospital, 5 of whom passed the Ishihara Test and 10 failed this test but passed the Giles Archer Lantern Test. The remaining 21 children had a degree of colour defect which could affect their choice of career.

DISEASES OF THE EAR, NOSE AND THROAT**Audiometry**

Routine testing with the pure tone audiometer was carried out on 1835 school entrants. A further 117 special examinations were made of children referred by school doctors, general practitioners, speech therapists, educational psychologists, head teachers and parents. The total number examined was 1952.

Routine testing

All the preliminary testing was done by one of the clerical assistants in the School Health Service and in all 53 visits were made to 37 schools. In the case of 116 children the result of the test was in some doubt and is therefore to be repeated at the next visit to the school in a few months time. There were 66 children who were considered to have a significant degree of hearing loss and these were offered re-examination by a medical officer for confirmation and exclusion of causes which could be remedied simply, such as wax and respiratory tract infections. As a result 18 children were referred to the E.N.T. Department, 15 were considered normal, 19 are being kept under observation by school doctors and 14 have still to be examined.

The recommendations for 14 children so far seen by the E.N.T. Department are as follows:

No treatment or observation only	..	..	2	
Removal of adenoids and examination under an- aesthetic	..	..	..	3
Removal of tonsils and adenoids	..	..	2	
Removal of adenoids and bilateral antrum puncture and washout	..	..	..	1
Removal of adenoids and myringotomy	..	2		
Conservative therapy (Valsalva manoeuvre, anti- histamines, nose drops or ear drops)	..	2		
Management of partial deafness	..	..	2	(1 issued with hearing aid)

Special Examinations

Of the 117 special examinations carried out 83 were normal, 22 were referred to the E.N.T. Department, and 12 are being kept under observation by school doctors.

The recommendations for the 14 children so far seen by the E.N.T. Department are as follows:

No treatment or observation only	..	5	
Removal of adenoids	..	..	2
Examination of nasopharynx and ears (under an- aesthetic), myringotomy and aspiration	..	1	
Nose drops and/or valsalva manoeuvre	..	2	
Removal of adenoids plus myringotomy	..	1	
Removal of tonsils and adenoids plus myringotomy	1		
Management of partial deafness	..	..	2 (both issued with hearing aids)

Of the school entrants who were seen routinely 0.98% were referred to the E.N.T. Department, as compared with 18.8% of those examined by special request.

The progressive screening of children suspected of being deaf, so that only those requiring active intervention reach the E.N.T. Department, is shown in the following table:

Year	Routine Screening						Special referral screening			
	Children thought to be partly deaf						%of referrals to E.N.T. requiring active treatment	Children thought to be partly deaf and referred to E.N.T.	%of referrals to E.N.T. requiring active treatment	
	After initial routine screening		After retesting by Clerk		After retesting by doctor Referred to E.N.T.					
	No.	%	No.	%	No.	%				
1965	288	13.5	36	1.7	13	0.6	40	17	17.7	75
1966	273	13	46	2.2	20	0.9	75	18	16.9	87
1967	167	7.8	52	2.4	24	1.1	95	22	22.9	91
1968	92	5.9	21	1.3	9	0.58	80	27	20.8	87
1969	116	6.3	66	3.6	18	.98	86	22	19.0	77

It will be seen that by careful selection of cases for referral, the load thrown upon the E.N.T. Department is kept as small as possible.

Independent Schools

Two independent preparatory schools were visited regularly to test the hearing of entrants as well as those kept under observation from the previous year. This year 102 children were tested and seven were referred to their family doctors for attention.

Special Clinic at the Radcliffe Infirmary

An E.N.T. clinic is held twice weekly at the Radcliffe Infirmary for school children. Close liaison with the City School Health Service is maintained by the attendance at the clinic of a clerical assistant who records the results of the surgeon's examination and his recommendations and treatment on the school medical cards.

Attendances of City children at the E.N.T. Clinic

	1966	1967	1968	1969
New cases	265	201	230	199
Re-attendances	227	310	291	210
Number recommended for operative treatment	205	153	211	188
Number recommended for other forms of treatment	74	70	57	72
No treatment advised	159	210	184	92
Discharged	54	78	69	57

The record department at the Radcliffe was reorganised during the year so that it is no longer possible to obtain figures showing the number of

City children who actually received operative treatment in the E.N.T. department during the year.

National Child Development Survey

We continued to participate in this survey of all children born in England and Wales during the week 3rd–9th March, 1958. These children are now 11 years old and had last been examined in 1965. During the summer term all these children had an audiometry test as part of their medical examination.

EMPLOYMENT OF CHILDREN

Children undertaking part-time employment have to be medically examined in accordance with Bye-laws made under the Children and Young Persons Act, 1933 (as amended by the Education Act, 1944). Under these Bye-laws children of compulsory school age are allowed to undertake early morning work for up to one hour besides doing work after school hours. The Children and Young Persons Act, 1963, reduced the hours during which children may be employed from 6 a.m. to 8 p.m. to 7 a.m. to 7 p.m. and advanced the lower age limit for street trading from 16 to 17 years. Officers employed by the local Authority keep careful watch to ensure that no child is employed on work that might be prejudicial to his health or physical development, or might render him unfit to gain maximal benefit from his education. Employment patrols are carried out from time to time in order to detect children who might be engaged in some illicit or unauthorised practice.

The numbers of children whose fitness for employment has been assessed in recent years are as follows:-

	<i>Number of certificates issued</i>		
1966	356
1967	354
1968	379
1969	450

Half the girls wished to work as shop assistants and a further quarter on newspaper rounds. The majority of the boys (80%) wished to work on newspaper rounds. No child was found to be unfit for such employment.

MEDICAL EXAMINATION OF ENTRANTS TO TEACHERS' TRAINING COLLEGES

During the year, 177 entrants to teachers' training colleges and 12 teachers about to take up their duties were medically examined. Chest X-rays were also arranged for 20 teachers who had missed this part of the medical examination carried out by other local authorities. Sessions were arranged mainly on Monday evening at Greyfriars and chest X-rays were carried out by the Miniature Camera Unit at the Radcliffe Infirmary.

WORK UNDERTAKEN BY SCHOOL HEALTH VISITORS AND SCHOOL NURSES

The sessional duties undertaken by the school health visitors and school nurses are as follows:

	1968			1969		
	<i>Health Visitors</i>	<i>School Nurses</i>	<i>Total</i>	<i>Health Visitors</i>	<i>School Nurses</i>	<i>Total</i>
School medical inspection	102	212	314	105	194	299
Eye testing	52	45	97	40	37	77
Hygiene inspection ..	7	176	183	16	177	193
Hygiene inspection follow-up	—	30	30	4	16	20
Visits to nursery schools ..	146	1	147	95	—	95
Diphtheria/tetanus immunisation	—	40	40	1	43	44
Poliomyelitis vaccination	—	119	119	1	131	132
Heaf testing and B.C.G. vaccination	—	51	51	2	51	53
Other immunisations ..	2	7	9	—	20	20
Talks to school children	71	—	71	152	—	152
Enuresis Clinic	4	47	51	3	54	57
Miscellaneous	8	59	67	15	82	97

Visits (Home):

	<i>First</i>		<i>Re-visits</i>	
	1968	1969	1968	1969
1. Follow-up:				
Health Visitors	176	185	136	151
School Nurses	71	137	5	7
2. Hygiene:				
Health Visitors	45	54	23	15
School Nurses	1	—	1	—
	—	—	—	—
	293	376	165	173
	—	—	—	—

HYGIENE IN SCHOOLS

Slade Park School has at long last closed and the pupils have moved to Iffley Mead, the new E.S.N. School, providing very different and vastly improved conditions.

The Ormerod School buildings are also substandard, in particular the kitchen, and it is hoped that a new school for the physically handicapped will be built before very long.

For many years school doctors have carried out a hygiene inspection of the premises at the end of each routine school medical examination at a

school. It was felt, however, that it would be more sensible if the School Health Service called upon the expert technical knowledge and expertise of the Chief Public Health Inspector and his staff to assist in maintaining the hygiene of school premises. Accordingly Public Health Inspectors have made arrangements to visit schools, and at the end of the year comprehensive reports were made. As a result the Principal School Medical Officer was able to make recommendations about 34 items relating to school hygiene, arranged in order of urgency. As in previous years, unsatisfactory outside toilet accommodation in some of the older schools came high on the list. Costly improvements to many of these schools have suffered repeated postponements due to the uncertainty of the plans for the redevelopment of St. Ebbe's, the Oxford road system, and reorganisation for a three tier educational system. It is hoped that as the position becomes a little clearer, the money will be found to improve or replace the toilet accommodation in at least the eight schools most in need of modernisation.

In the appendix to the 1966 Report specific recommendations about the supply and disposal of sanitary towels in schools were made. Arrangements were found to be satisfactory in the majority of schools, and the remainder were encouraged to accept these recommendations. It is therefore a little disappointing to have to record this year that facilities in 12 junior schools are still unsatisfactory. No arrangements at all are made in five schools, two have no supplies of sanitary towels and two have inadequate methods of disposal. The comment is often made in these schools that they have at most one or two menstruating girls, who should therefore make their own personal arrangements. However, this is the very situation in which a girl's shyness can lead to faulty habits of personal hygiene. It is to be hoped that this small group of head teachers can be prevailed upon to improve their facilities.

SCHOOL MEALS AND MILK

The following tables show the number of children in attendance and the number of meals provided on a single day in the month of September.

Number of pupils present in school on the day selected:

A.	In Infant Schools	..	..	..	..	..	4,491
B.	In Junior Schools	..	..	..	..	..	5,372
C.	In Secondary Schools	..	..	..	..	..	5,586

Number of schools or departments served 65

		<i>Meals</i>		<i>Milk</i>	
		1968	1969	1968	1969
A.	Infant:				
	(i) Free	..	..	4,172	4,362
	(ii) On payment	..	..	—	—
	Percentage of total	..	..	98	97

				<i>Meals</i>		<i>Milk</i>	
				1968	1969	1968	1969
B.	Junior (including special schools)						
	(i)	Free	.. ..	678	436	4,731	4,980
	(ii)	On payment	.. ..	3,125	3,548	—	—
	Percentage of total		.. ..	73	74	91	92
C.	Secondary (including special schools):						
	(i)	Free	.. ..	613	360	72	71
	(ii)	On payment	.. ..	2,879	3,229	—	—
	Percentage of total		.. ..	63	64	1	1

Secondary school children at special schools have free milk daily. The consumption at primary schools remained at a high level.

Three quarters of the children at primary schools had a school lunch, the figure being much the same as last year. At secondary schools nearly two thirds had school lunches.

The number of free school meals has dropped following the alteration of the regulations in April, so that large family size alone (four or more children) no longer entitles a child to qualify for a free meal.

SCHOOL CLINICS

Remedial Exercises

Dr. Vera Hollyhock reports as follows:

After twelve years of continuous service as remedial gymnast, Mrs. I. Evans retired at the end of the summer term.

Over the last decade or so the picture of child care has changed considerably. Children are regularly seen at the child health clinics before entering school and thereafter come under the supervision of the school medical officer. The health of children is very much better than it was some years ago, and in view of this fact it was thought appropriate at this time to review the need for, and efficacy of, remedial exercise therapy in schools.

To this end consultations were held with the appropriate hospital medical consultants to consider the needs of the children at present having remedial exercises. While this was taking place and in order not to have a complete void during the autumn term, a part-time temporary remedial gymnast was appointed for this term only. We were fortunate to secure the services of Mrs. S. Wynne, a very experienced physiotherapist, who helped to assess the need and therapeutic efficiency of the existing service.

As a result of this review the hospital consultants were unanimous in their opinion that the employment of a full time remedial gymnast, able to visit schools or clinics at best only once a week for a short session with the children, was not a satisfactory arrangement. The existence of such a

service engendered a feeling on the part of school medical staff that they could and should refer children with defects when, in fact, since the children had such infrequent instruction, any benefit was likely to be minimal. The main defects concerned have been flat feet, knock knees, poor posture and breathing difficulties.

It was agreed that the latter really needed physiotherapy and follow up by the hospital service to which they should be referred. With regard to the other defects, if at all marked they should be referred to hospital for an orthopaedic opinion and if therapy was required this would best be done by the hospital physiotherapists. On the other hand, if the defect was slight, then simple exercises were required and these could be explained to parents and supervised by them at home and by teaching staff during physical training activities.

It has therefore been decided to dispense with the appointment of a remedial gymnast. The school medical officers will advise parents and teachers when simple remedial exercises are recommended. Mrs. Wynne, who has now taken up an appointment as part-time physiotherapist, with main duties at the Ormerod School, will continue to be available to give advice. When defects are felt to be of a more severe nature than can be remedied by simple exercises then the child will be referred to his general practitioner.

Up to the end of the summer term 274 children had been treated by Mrs. Evans, whilst during the autumn term 179 children were treated by Mrs. Wynne.

Speech Therapy

The following report has been submitted by Miss C. E. Renfrew, F.C.S.T., Chief Speech Therapist to the United Oxford Hospitals:

The Department of Speech Therapy has been fully staffed with no changes this year.

Speech clinics have been held twice weekly at Blackbird Leys Health Centre and at Iffley Mead School. During the year clinics had to be discontinued at Barton, St. Christopher's and Ormerod Schools and the sessions re-allocated to St. Philip & St. James and Rose Hill Schools as well as Temple Cowley Clinic where children from a number of local schools could attend. Children attending other schools come to the Churchill Hospital for speech therapy.

Each year, as the school population has grown, more children are referred for speech therapy. The original allocation in 1953 of the services equivalent to one full-time speech therapist was inadequate for the school population of, at that time, just over 13,000. Now in 1969, with a school population of over 16,000 the service to schools has to be spread even thinner.

Parents, as well as teachers, are becoming increasingly aware of the effect of immature or deviant speech on a child's progress. No longer are most of them satisfied with the assurance that the child will 'grow out of it' eventually. They are aware that in the vital years of early school life a child with a speech defect is likely to become educationally retarded and socially maladjusted.

The increasing number of referrals, particularly of young children, has led to admitting for treatment a larger number of children than previously, but seeing them less frequently or for shorter spells interspersed by two or three months break from treatment. This has naturally resulted in slower progress and reduced the number of children discharged this year compared with previous years.

To help with the increased numbers of children requiring speech therapy and attending the new Iffley Mead School it has been necessary to try out a 'therapist's aide' as slow learning children require more than the average amount of practice at each small step of progress. As an experiment, a domestic assistant particularly gifted in talking to and drawing out inarticulate children, now carries out the daily practice of the material prescribed and demonstrated by the therapist during her twice-weekly visits. Gratifying results have been achieved as a result of this daily practice.

Number of patients:

Under treatment	..	..	..	..	..	..	114
Under supervision..	..	..	..	..	..	..	95
Discharged	..	..	..	..	..	..	67
							—
							<i>Total</i> 276
							—

Number of children under treatment or regular supervision classified by speech disorder:

Retarded speech development	..	..	..	..	..	95
Articulation defects only	..	..	..	..	..	89
Language disability only ..	..	..	..	..	..	25
Stammer .. ..	..	..	..	..	..	44
Nasality and/or cleft palate speech	..	..	..	..	..	13
Clutter or Dysarthria	..	..	..	..	..	10
						—
						276
						—

TUBERCULOSIS

Notifications

(a) *New cases in Maintained Schools notified in recent years*

	1964	1965	1966	1967	1968	1969
Pulmonary Tuberculosis ..	7	3	5	4	2	7
Non-pulmonary Tuberculosis	—	—	—	2	1	2

(b) *Cases in Maintained Schools on the Notification Register on 31st December, 1969*

Pulmonary Tuberculosis ..	33	40	50	51	51	52
Non-Pulmonary Tuberculosis	3	2	—	2	3	3

Nine new cases of tuberculosis were reported during the year, involving seven families of whom five were immigrants. Six of the children had probably been infected by a parent, two had only just arrived in this country and were infected abroad, and in one case the source remains untraced. All seven cases of pulmonary tuberculosis were detected at a very early stage before symptoms developed and in only one had the disease progressed beyond the primary stage. Of the two non-pulmonary cases of tuberculosis, one boy presented with a tuberculous gland in the neck, probably having been infected at the same time as his parents, and another boy had tuberculous enteritis. In the latter case the source of infection has not been traced.

Protection of School Children against Tuberculosis

(a) *X-ray of Teachers and School Canteen Workers*

When teachers first take up employment with local education authorities they are required to have a chest X-ray. Teachers moving to Oxford to work in maintained schools after being employed elsewhere are also required to have an X-ray.

This year 187 newly appointed members of school staffs and 203 nursery students, pre-students and canteen workers were X-rayed.

In three instances there was evidence of minimal tuberculous infection having occurred in the past, but none had active or infectious disease.

(b) *B.C.G. Vaccination*

Maintained Schools

	1964	1965	1967	1968	1968	1969
Number of cards sent ..	1,073	1,293	1,116	1,159	1,229	1,067
Acceptances	891	1,094	990	1,027	1,088	929
Number of Heaf tests ..	899	1,050	953	949	1,023	936
Number of positive reactors	112	98	146	159	139	170
Number given B.C.G. ..	789	949	804	790	880	724
Percentage of acceptance ..	83	84.6	89.6	88.6	88.5	87.1
Percentage of positive reactors	12.5	9.3	15.3	16.7	13.6	18.2
Percentage of reactors without history of prior B.C.G.					7.1	9.3

The acceptance rate of 87.1% was only slightly below last year's. Of the children in maintained schools who were tested, 18.2% had positive reactions. However, if 83 children who are known to have had B.C.G. in the past are excluded, the Heaf positive rate is only 9.3%.

Of the 170 positive reactors, 128 were Grade 1, 29 Grade 2, 11 Grade 3 and 2 Grade 4.

All positive reactors have a chest X-ray, and strongly positive reactors are X-rayed a second time after an interval of six months. No abnormalities were detected in these cases this year.

Non-maintained Schools

	1964	1965	1966	1967	1968	1969
Number of schools visited ..	12	11	10	9	7	9
Number given Heaf tests ..	357	291	322	282	275	376
Number of positive reactors	46	33	70	51	31	49
Number given B.C.G. ..	311	258	248	231	243	323
Percentage of positive reactors	12.9	11.3	21.7	18.0	11.2	13.0
Percentage of reactors without history of prior B.C.G.					6.9	5.3

Of the 49 positive reactors 44 were Grade 1 and 5 Grade 2. Positive reactions in 29 children were attributed to prior B.C.G. vaccination and if these are excluded the Heaf positive rate is only 5.3%.

Two schools were visited twice during the year, to test last year's 13 year olds as well as those currently 13, as Heaf testing at these schools had had to be postponed last year.

(c) Mass Radiography

The Mass X-ray Unit did not visit Oxford during the year.

OTHER INFECTIOUS DISEASES

Notifications

	1964	1965	1966	1967	1968	1969
Diphtheria	—	—	—	—	—	—
Scarlet Fever	17	4	9	22	18	21
Poliomyelitis	—	—	—	—	—	—
Measles	91	510	196	101	147	101
Whooping Cough	29	8	20	81	29	2
Bacillary Dysentery	18	52	16	23	32	8
Glandular Fever	—	—	—	4	8	7
Infective Hepatitis	—	—	—	14	—	53
Typhoid Fever	—	—	—	1	—	—
Food poisoning	—	—	—	—	142	1
Acute encephalitis	—	—	—	—	—	2

Diphtheria

(a) Incidence

There have been no cases for 21 years.

(b) Vaccination

A booster dose of combined diphtheria and tetanus vaccine is given shortly after primary school entry, when a child is five years of age. Those children who have never had primary immunisation are given a full course of diphtheria and tetanus vaccine.

The following table shows the number of school children given primary and reinforcement vaccination in the last five years:

	<i>Primary</i>	<i>Re-inforcement</i>
1965	56	1,387
1966	92	1,451
1967	80	1,408
1968	60	1,012
1969	75	1,194

Poliomyelitis

(a) Incidence

No case was notified for the twelfth year in succession.

(b) Vaccination

Primary or booster vaccination with oral vaccine is offered to all school entrants. The table shows the numbers receiving primary or reinforcement vaccination in the last five years:

	<i>Primary</i>	<i>Re-inforcement</i>
1965	105	973
1966	279	1,397
1967	158	1,488
1968	123	1,398
1969	153	1,466

Measles

(a) Incidence

One hundred and one cases of measles occurred in children of school age. This is the second lowest total ever recorded. In 1964, 91 cases were notified, but this low figure was the result of an epidemic in which 723 cases occurred in the preceding year, which left few susceptible children. Of the 101 cases occurring this year, 92 (91%) had not been vaccinated against measles. Nine cases of measles occurred in previously vaccinated children, but all were mild attacks.

(b) Vaccination

This year no special arrangements were made to vaccinate children at school. Measles vaccination has been available to any child under 12 since 1966 and it was felt that as the majority of school children (87%) were immune to measles at the end of 1968, those few for whom vaccination was

requested could be fitted in at the nearest Child Health Clinic session. During the year 33 school children were vaccinated against measles at a Child Health Clinic.

Whooping Cough

Only two cases of whooping cough amongst school children were notified, equalling the previous lowest number ever recorded, in 1962. This low incidence follows a period of three years when there had been a rather higher incidence of the disease both locally and nationally.

A survey organised by the Public Health Laboratory Service in conjunction with medical officers of health and general practitioners to study the recent increase of this disease, reported during the year. Oxford took part in this survey which was carried out in 1966 and 1967. The survey showed that the organism responsible for whooping cough had undergone a change so that some vaccines were no longer as effective as they had been. New vaccines have now been prepared and can be recommended with confidence.

Rubella

Rubella is usually a mild disease with no serious complications. If, however, it is contracted by a woman in the first three months of pregnancy, there is a risk that the baby will be born with serious malformations, particularly of the ears, eyes and heart. Because of this complication, rubella vaccines are being developed.

Under the auspices of the Medical Research Council and in conjunction with virologists at the Hospital for Sick Children, Ormond Street, London, a trial of a rubella vaccine was carried out in Oxford during the autumn term. All 14 year old girls in City schools were invited to take part, and 79% accepted. Blood was taken by finger prick to estimate the state of immunity of these girls, and those who were found to be susceptible were vaccinated. A further blood test was taken six weeks later to check the efficacy of the vaccine. A close watch was kept on the vaccinated girls to note any adverse reactions, but these proved to be few, and very mild.

The following table shows the numbers involved:

<i>Total number of girls</i>	<i>Total number accepting</i>	<i>Total number of blood tests</i>	<i>Total vaccinated</i>	<i>Total reactions</i>
515	404	384	80	12
%acceptance	%seronegative	%reactions	%seroconversion	
78.5	26	15	98	

It is hoped to repeat the trial in the coming year, this time offering vaccination to 13 year old girls.

Food poisoning

A single isolated case, which was probably contracted on holiday abroad, was reported in October; an indication that a very satisfactory standard of hygiene has been maintained by all members of the School Meals Service.



RUBELLA VACCINATION AT REDEFIELD SCHOOL

Infective Hepatitis

There were fifty three cases of infective hepatitis; all but eight occurring in one area of the City, in which there were 37 cases in one primary school. Each notified case was visited by a health visitor, and a history of contact, or family spread sought. In 19 cases there was a definite contact known to the mother, and in 11 cases, another member of the family caught the disease from the index case.

The first notified case occurred in January, and cases continued throughout the year, two thirds occurring in the second six months. The children affected were mostly of primary school age, though no particular year was predominantly involved. An equal number of boys and girls were affected. This spread in both time and age has meant that control has been difficult. The importance of good personal hygiene, in particular the washing of hands after using the lavatory, has been stressed. The school mainly involved is modern and has excellent sanitary and washing accommodation. Paper towels are in normal use.

Bacillary Dysentery

There were eight cases amongst school children.

Scabies

Four cases were reported, two families being involved. Treatment was arranged for each family as a group.

Pediculosis

Inspections were made by school nurses with the following results:

	1967	1968	1969
Number of inspections made	26,291	26,081	25,366
Number of children inspected..	9,864	11,185	10,460
Number of children infested ..	136	107	133
Percentage incidence	1.3	.96	1.3

The 133 infested children (85 girls, 48 boys) came from 95 families compared with 75 families last year.

DEATHS OF SCHOOL CHILDREN

Two children of school age died during the year.

1. A boy, aged 8, died from a head injury due to a road accident.
2. A boy, aged 14, suffering from severe depression, committed suicide by hanging himself.

HANDICAPPED CHILDREN

(a) Blind Pupils: that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

One boy, aged 10, is at Rushton Hall School, near Kettering.

(b) Partially sighted pupils: that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or their educational development but can be educated by special methods involving the use of sight.

One boy aged 12 is at Blatchington Court School, Seaford and one girl aged 8, one girl aged 4 and one boy aged 5 are attending City schools.

(c) Deaf pupils: that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

There are five children in residential schools. One boy aged 11 is at the Royal School for the Deaf, Margate, one girl aged 13 is at the Mary Hare Grammar School, Newbury, one boy aged 5 and one girl aged 12 are at the Royal School for the Deaf, Birmingham; and one boy aged 10 is at Rayner's School for the Deaf with Additional Handicaps, Penn.

(d) Partially hearing pupils: that is to say, pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.

There are 21 children (9 City, 9 Oxfordshire and 3 Berkshire) attending Partially Hearing Units in the City (6 at St. Ebbe's C.E. School, 7 at St. Thomas's C.E. School, 2 at South Oxford Primary School and 6 at Temple Cowley Secondary Modern School). In addition 30 children attend ordinary schools and these include 3 children transferred from Partially Hearing Units. In all, 51 children attending day schools in the City have hearing aids (35 live in the City, 12 in Oxfordshire and 4 in Berkshire). In addition 30 children with a hearing loss have been recommended to sit in the front of the class.

(e) Educationally Subnormal pupils: that is to say, pupils who by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

Fourteen children are away at residential schools—six boys, three aged 15, one aged 14, one aged 9 and one aged 7 are at Swaylands School, Tonbridge; one boy aged 12 is at Ryton Hall, Wolverhampton; one boy aged 12 is at St. Christopher's School, Bristol; one boy aged 11 is at Prince Rupert School, Newbury; two girls aged 13 and 9 are at Wood Eaton Manor School, Oxon; one boy aged 13 is at Wendover House School, Wendover; one boy aged 13 is at High View, Chigwell; and one girl aged 11 is at High Close School, Wokingham. One boy aged 10 attends Tesdale Special School, Abingdon, as a day boy.

At the end of the year 158 children were attending Iffley Mead Special School.

During the year 31 children were examined by the Approved Medical Officers. Ten of these children were reported to the Local Health Authority as requiring care or guidance after leaving school.

(f) Epileptic pupils: that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

One boy, aged 12, is attending the Lingfield Hospital School, Lingfield, Surrey. Several children suffering from slight or occasional epilepsy attend ordinary schools.

(g) Maladjusted pupils: that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

This category contains by far the biggest proportion of urgent, intractable and difficult problems in relation to the schooling of handicapped children. Some also have the additional handicap of being E.S.N., for whom there is no specific educational provision in Oxford. Residential schooling is the only solution available for the maladjusted who are also backward, and it is an expensive solution.

Add to this the fact that primary day schooling for the maladjusted is limited to 42 places and is in great demand, and that only a handful of secondary school places are available for City children at the Warneford Adolescent Unit, and it will be appreciated why maladjusted children are such a problem to the school health service.

There are seven children away at residential schools or hostels—three boys, one aged 15, one 14 and one aged 10 at Besselsleigh School, Abingdon; two girls aged 13 and 12 and one boy aged 14 at Sibford School, Banbury; and one girl aged 14 at Camphill Rudolph Steiner School, Aberdeen.

At the end of the year 42 children were attending Northern House School. In addition during the year 24 City children attended the teaching unit at the Park Hospital for children with psychiatric disorders for varying periods. The average stay in the unit was two months. There were ten children, of whom four were out-patients, attending the school at the end of the year.

A total of 5 City children attended the Adolescent Unit School at the Warneford Hospital during the year, and one was on the roll at the end of the year.

(h) Physically handicapped pupils: that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

Four boys have haemophilia; two of them, aged 5 and 11, are attending ordinary schools; one aged 17 is having home teaching; and another, aged 11, has home teaching but will be going to Lord Mayor Treloar School in 1970.

Thirty-two physically handicapped children attend the Ormerod School.

(i) Pupils suffering from Speech Defect: that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

There were no children in this category.

(j) Delicate pupils: that is to say, pupils not falling under any other category in the Regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

There are 10 delicate children attending the Ormerod School.

A total of 31 handicapped children are attending boarding schools away from Oxford; 16 having been there for a year or less, four for one to three years, and 11 from three to six years.

TEACHING AT HOME OR IN HOSPITAL

Home teaching is being provided for two boys suffering from haemophilia. During the year three other children had tuition for varying periods.

There were 37 children on the roll at the Wingfield Hospital School at the end of the year, of whom only three were City children.

VOLUNTARY HELP

The work of the British Red Cross Society in assisting handicapped children to have seaside holidays, and in organising social functions where parents and children can meet and discuss their problems is very greatly appreciated.

Our thanks also go to the Members of the Women's Royal Voluntary Service who so kindly and readily provide transport for children with a variety of handicaps whenever a request for it is made.

CEREBRAL PALSY

There are 25 children of school age known to be suffering from varying degrees and types of cerebral palsy. Three children with minimal disability attend full time at ordinary schools. Thirteen children attend the Ormerod School for the physically handicapped, and three children attend Iffley Mead School for E.S.N. pupils. Two children who are E.S.N. and are severely handicapped by their cerebral palsy attend a residential school. One child attends the Mabel Prichard School for the severely subnormal

full time, and one part time. This latter child and two other severely affected S.S.N. children attend the Spastic Day Centre at the Churchill Hospital.

SCHOOL PSYCHIATRIC AND PSYCHOLOGICAL SERVICE

(a) Psychiatric Service

The following report on the work of the Northern House Clinic was submitted by Dr. Christopher Ounsted, Child Psychiatrist to the Park Hospital, Oxford, and Medical Director of the clinic:

The number of new referrals remains very constant as will be seen from the attached figures. The sex ratio is also in its usual form, greatly favouring the male.

About two-thirds of referrals come from School Medical Officers. The quality of the referring letters is extremely high.

The age at time of referral is somewhat reduced on what it used to be but there are disappointingly few children referred below the age of five years. It is hoped that with the introduction of the new screening methods and developmental assessment techniques, children whose biographies have begun to deviate early in life will be ascertained much earlier and referred to us. In the Out-Patient Department at the Park Hospital for Children substantial numbers of infants and young children are referred.

The arrangements for special remedial teaching and parent and teacher counselling go well in the City and give invaluable assistance.

An excellent procedure for referral, ascertainment and placement in special schools has been worked out. Places are very hard to find for many of the children who need them. It is often necessary to negotiate with a large number of schools. In this the help of Mr. J. Nicholls, Senior Assistant in the Special Services Section of the Education Department, has proved invaluable.

There is much exchange between the Park Hospital for Children and Northern House School and Clinic. Many of the children are investigated at the Park Hospital before admission to Northern House School.

It is interesting to survey the number of children whom we have had to place in residential schools and hostels. Deaf and blind children number six; unlikely to be reducible. Subnormal children number fourteen, and it will be appreciated that with our excellent Iffley Mead School these children are only placed in boarding schools when there is some additional indication for doing so, such as an unsatisfactory home background.

The establishment of a small hostel near Iffley Mead School might be considered as a possible economy in this respect. The one epileptic child has a most unsatisfactory social background. There are only seven children placed in boarding schools on grounds of maladjustment and many of these are now reaching school leaving age. Every endeavour is made to

keep emotionally disordered children out of boarding school by using the local facilities available to us.

We have received great help from the School Psychological Service in the last year and from the specialised Day Schools and their annexed services within the city.

Statistics

(a)	Number of new referrals	...	...	...	...	...	98
	<i>Sex Ratio</i>						
	Boys	...	...	...	...	...	73
	Girls	...	...	...	...	...	25
(b)	<i>Sources of Referral</i>						
	School Medical Officers	...	...	...	...	...	68
	General Practitioners	...	...	...	...	...	22
	Park Hospital	...	...	...	...	...	4
	Children's Department	...	...	...	...	...	2
	School Psychological Service	...	...	...	...	...	2
(c)	<i>Diagnoses/Reasons for referral</i>						
	Behaviour difficulties	...	...	...	...	...	56
	Educational difficulties	...	...	...	...	...	22
	Behaviour and educational difficulties	...	...	...	...	...	5
	Epilepsy	...	...	...	...	...	3
	Phobic fears	...	...	...	...	...	5
	Speech delay	.....	...	...	...	...	2
	Parental maltreatment	...	...	...	...	...	2
	Enuresis and speech delay	...	...	...	...	...	2
	Autism	...	...	...	...	...	1
(d)	<i>Age at time of referral</i>						
	17 years	...	...	...	...	1	
	16 "	...	...	...	...	0	
	15 "	...	...	...	...	3	
	14 "	...	...	...	...	3	
	13 "	...	...	...	...	5	
	12 "	...	...	...	...	2	
	11 "	...	...	...	...	7	
	10 "	...	...	...	...	11	
	9 "	...	...	...	...	16	
	8 "	...	...	...	...	12	
	7 "	...	...	...	...	15	
	6 "	...	...	...	...	9	
	5 "	...	...	...	...	6	
	4 "	...	...	...	...	5	
	3 "	...	...	...	...	2	
	2 "	...	...	...	...	0	
	1 "	...	...	...	...	1	

(b) Psychological Service

The following report on the work of the School Psychological Service was submitted by Mr. J. Willcocks, Senior Educational Psychologist:

During the year which began on 1st August 1968 and ended on 31st July 1969 the School Psychological Service continued to offer a completely non-medical advisory service to teachers and parents within the City.

There remains some confusion in the City about the respective roles of the School Psychological Service and of the Child Guidance Clinic. We have sometimes found it necessary to remind our clients that the Child Guidance Clinic is a separate medical service headed by a Medical Director, and that referrals to it must be from a medical source. A child attending the the Clinic is the patient of the Medical Director or of one of his Registrars. The doctor may refer the child to the School Psychological Service for a psychological assessment, or in some case for psychotherapy. However, members of the School Psychological Service cannot themselves refer children to the Child Guidance Clinic, and are not necessarily involved with any aspect of the treatment of a particular patient.

The School Psychological Service on the other hand is headed by the Senior Educational Psychologist who is directly responsible to the Chief Education Officer. The work of the Service consists mainly in the investigation of the particular learning problems of individual children, and also in advising upon and treating their disorders of behaviour. Where it seems that a client of the School Psychological Service has problems which need psychiatric investigation and treatment, the School Psychological Service refers its client to the School Medical Service with a suggestion that the School Medical Officer might examine the child with the possibility of referral to the Child Guidance Clinic in mind.

At the end of the year the staff of the School Psychological Service consisted of a Senior Educational Psychologist, and Assistant Educational Psychologist, a Psychiatric Social Worker and four Remedial Advisory Teachers.

During the year 248 children were referred to the Service, of whom 69% were boys and 31% girls. The two main sources of referral were head teachers (47%) and doctors from the Park Hospital and Child Guidance Clinic (23%). We received 12% of our referrals from School Medical Officers, 4% from general practitioners, 4% from the Chief Education Officer, 2% from parents and a very small number from other local authorities, hospitals, speech therapists, and other miscellaneous sources. 44% of the children were referred to us because of emotional or behavioural problems, 38% because of educational difficulties, and 18% for a mixture of emotional and educational problems so closely interwoven that they could not validly be placed in one or other of the two categories.

A large part of the work of the Service is in the assessment of educational and emotional problems. However we also undertook counselling of

children and their parents where this seemed appropriate. In cases of educational difficulty the Remedial Advisory Teachers were called upon to advise schools of special remedial methods appropriate to the particular difficulties of individual children.

As well as dealing with the new referrals mentioned, we reviewed as many as possible of the 1,500 open files, and carried out a good deal of continuous follow-up work.

In November 1968 we re-organised the work of one of the Remedial Advisory Teachers to enable her to spend the whole of every morning with one particular group of children. The children in this group were all of average or near-average intelligence, but all had severe and specific reading difficulties. The success of this group has been very gratifying, and Mrs. Ursula Pearce, the teacher concerned, has achieved quite remarkable results.

The Service also organised lectures for teachers during the year. The enthusiasm and interest was gratifying, but the small size of the audiences became embarrassing, and the lectures were discontinued. A seminar for teachers was held at Northern House during the summer term of 1969. A group of slightly more than a dozen teachers attended weekly to discuss *Self-love* and *Self-esteem*, particularly in relation to the children they taught. These discussions seemed to us to be quite successful, and we are hoping to hold further discussions during the present year.

NORTHERN HOUSE SCHOOL

Mr. A. M. Palmer, Headmaster, submitted the following report:

At the beginning of the January term there were 31 children attending Northern House School.

During the year 19 were admitted (one temporarily), one was re-admitted from the Park Hospital and nine children left, so that at the end of the year there were 42 children in attendance (40 City, 2 Oxfordshire).

Of those leaving:

5	were transferred to local secondary schools
2	“ “ “ “ primary schools
1	was “ “ “ the Park Hospital
1	“ “ “ “ Iffley Mead

Of this number:

1	child attended here for 4 years 5 months
1	“ “ “ “ 4 years 2 months
1	“ “ “ “ 3 years 10 months
1	“ “ “ “ 3 years 6 months
1	“ “ “ “ 2 years 8 months
1	“ “ “ “ 2 years 6 months
1	“ “ “ “ 1 year 4 months
1	“ “ “ “ 8 months
1	“ “ “ “ 2 months

therefore average length of stay (omitting last mentioned as this was a temporary placement) . . . 2 years 10 months.

Of the new admissions:

16 boys	3 girls
2 within the 5—6 age range	
2 " " 6—7 " "	
4 " " 7—8 " "	
7 " " 8—9 " "	
4 " " 9—10 " "	

I am delighted to report that we began our school year in September almost at maximum capacity. This helps the children to settle in reasonably sized groups from the beginning. Of course it also means that there are probably children who should be here but who cannot, at present, be admitted. This, though regrettable, is preferable to the school being over-populated.

As there still appears to be some confusion about the procedure by which children are admitted to the school, the following points might help to clarify this issue.

1. Irrespective of how children are initially referred, e.g. through the Child Guidance Clinic, the School Medical Service or the School Psychological Service, all admissions to the *school* are from a list of children who have been recommended as suitable by the Senior Educational Psychologist. This list he prepares after detailed consideration of all the facts and usually after seeing the parents.
2. Children are selected from this list:
 - (a) By the seriousness and degree of their need.
 - (b) To fill existing or probable vacancies.

In September the Park Hospital Unit became a separate school. This breakaway was an inevitable and logical progressive step and we wish all our colleagues, once members of our staff, every success in the years ahead.

During the year we had two parent-teacher meetings, at one Mr. Willcocks, the Senior Educational Psychologist, spoke on 'Helping your Child at School', and at the other Mr. Palmer spoke on 'What the School is trying to do'. Both meetings were well attended.

Last summer Mrs. Harris left us and we hope that she will have a long and enjoyable retirement. She was replaced by Miss Southfield who now has charge of the youngest group of children.

Six children were entered for the Junior Inter-School Sports and we came second in one event.

We paid our yearly visit to Wicksteed Park and were again fortunate to be favoured by good weather.

In conclusion, I should like to thank the staff of the school for their support during the year and to record my appreciation of the help given us

by the Special Services Sub-Committee, the School Managers and the officers of the Education Department.

THE PARK HOSPITAL SCHOOL

Mr. J. W. Stedman, Headmaster, submitted the following report:

From the 1st September 1969 this school ceased to be administered as an annexe to Northern House Special School and became a separate school under its own headmaster.

The conditions which require a child's referral to the Park Hospital usually affect his education in some way. Often, the detailed investigations carried out in the hospital disclose a need for the modification of the patient's schooling. This may require transfer from one type of special school to another, or from a special to a normal school or vice versa. New school placements are frequently arranged from the hospital—with the approval of the Principal School Medical Officer concerned. This service has assumed greater significance as it has become more widely known and the Park Hospital is now fulfilling the role of a substantial educational Assessment Unit. The school staff is part of a uniquely comprehensive investigational team which, in consultation with Education, Health and Children's Departments, is equipped to process the overall requirements of handicapped children much more rapidly than conventional Assessment Units.

Consideration is given to the suitability of the current school experience of each Park patient. The number of patients for whom a change of schooling was arranged was 26 (22 in 1968) as shown in the following list:

From a day school to a normal residential school	6
From a normal day school to a special residential school	5
From one type of special school to another	7
From a normal day school to a special day school	6
From one normal school to another	2

Total 26

Recommendations were made for seven other patients which will result in transfers being made in due course.

The school was open for 46 weeks in the year. The total number of pupils increased by 34% over 1968, 125 children attending, of whom 82 were boys and 43 girls. They ranged in age from five years to 17 years, and 24 lived in Oxford. Not all children in the hospital are able to attend the school by reason of age, sickness or disability.

The enlarged throughput of pupils required an increased volume of correspondence with other schools, a greater number of teachers' reports and a further rise in the size of class groups. Although the teaching staff was increased from three to 3.5 there were still times when group sizes were

too large for optimum efficiency. The size of the teaching accommodation also imposed severe limitations upon the quality of the teaching and if present attendance figures continue, an additional classroom will be essential. A multi-purpose teaching area incorporating features to facilitate observation and research would be most appropriate.

The hospital school was able to provide, temporarily, the educational needs of 12 day patients. However, the demand for this service grew and imposed such a strain upon the resources of the school that it became necessary to limit the number of day pupils to five at a time.

Table 1 Pupil turnover in 1967—1969

				1967	1968	1969
Total number on roll	...	...	...	90	93	125
Number discharged	...	...	...	76	78	111
Average length of stay, in weeks	...	...	...	11	10	8
Average number daily	...	...	...	19.7	23.1	23.4
Highest number per week	...	...	...	26	29	30

Table 2 Age distribution and previous school experience of pupils
(Oxford City children in brackets)

<i>Secondary</i>			<i>Junior</i>		<i>Infant</i>	
Special	Selective (Grammar & Public School)	Non-Selective Sec. Mod.	Special	Normal	Special	Normal
11 (6)	3	29 (5)	13 (3)	37 (5)	4 (1)	28 (4)
43 (11)			50 (8)		32 (5)	
All pupils from normal schools			97 (14)			
All pupils from Special schools			28 (10)			
			Total		125 (24)	

ADOLESCENT UNIT SCHOOL, WARNEFORD HOSPITAL

Dr. J. B. McWhinnie, Consultant Psychiatrist, and Miss J. M. Mount, Teacher in Charge, have submitted the following joint report:

Until the opening of the new Adolescent Unit this developing service at the Warneford Hospital continues to be in temporary premises, with wards for eight girls and eight boys and with the school for these in-patients in an adjacent semi-detached house. The school is now firmly established and was attended by thirty-two adolescents during the course of the year, of whom nine were still attending at the end of the year. As there are very few available Adolescent Units, admissions are arranged on medical criteria after referrals from a wide area, only five being Oxford City residents of whom one was still attending at the end of the year.

The staff consists of one full time and four part time teachers working in close co-operation with the psychiatrist as a combined team. In addition

one teacher and a mechanic instructor provide voluntary help for the school.

The difficulties inherent in running a small school of sixteen pupils of widely ranging age, intelligence and interests remains a big problem. Nevertheless this school tries to meet the needs of those children of average or above-average intelligence who by reason of psychiatric illness requiring admission to hospital are unable to cope with ordinary schooling.

IFFLEY MEAD SCHOOL

Mr. J. Sutherland, Headmaster, submitted the following report:

Anyone who still retains any lingering thoughts that the quality of the building is not important in education, should have been at this School on the day it opened, and opened to time, on 10th September 1969. The pupils were ten feet tall, and even the Staff could scarcely credit that we had indeed arrived, after seventeen years and two terms at Slade Park.

Of course, no School is perfect and there are some snags which, unforeseen on paper, quickly revealed themselves in practice. Nevertheless Iffley Mead School, purpose designed and built for the job it has to do, is a worthwhile and creditable acquisition to the many fine new Schools that have been built in the City in the last few years, and designers, architects and builders deserve congratulations.

So far as teachers in the School are concerned, we have welcomed the opportunity of making a clean break with the past so as to be able to try out new techniques and ideas in organization and teaching. Classes, as such, have virtually been abandoned, being largely replaced by teaching groups. This applies particularly in the Upper School where pupils have quite considerable freedom of choice as to the subjects they follow. The Middle School works on a family grouping basis enabling class teachers for a number of sessions each week to be working with only a few of the total number of children on the register. The Lower School, while perhaps more traditional in its organization (and only in its organization) provides a valuable foundation on which the new ideas can be based.

The general idea is that we shall more and more look at children as individuals, and the introduction of a Tutor Group system in the Upper School plays an important part in this, where one teacher undertakes to be responsible for all aspects of living, both in and out of School, for not more than six pupils. Each pupil meets his/her Tutor three times in every week.

A further valued feature of the School is the Assessment Unit. A part of the Lower School, this Unit comprises a small group of children about whose educational future there is some doubt. Some may remain here, others may go to the Training Centre or return to the Primary School. The task of the teacher is to assess and advise as to the best future educational provision for the members of the group—a demanding but thoroughly worthwhile job.

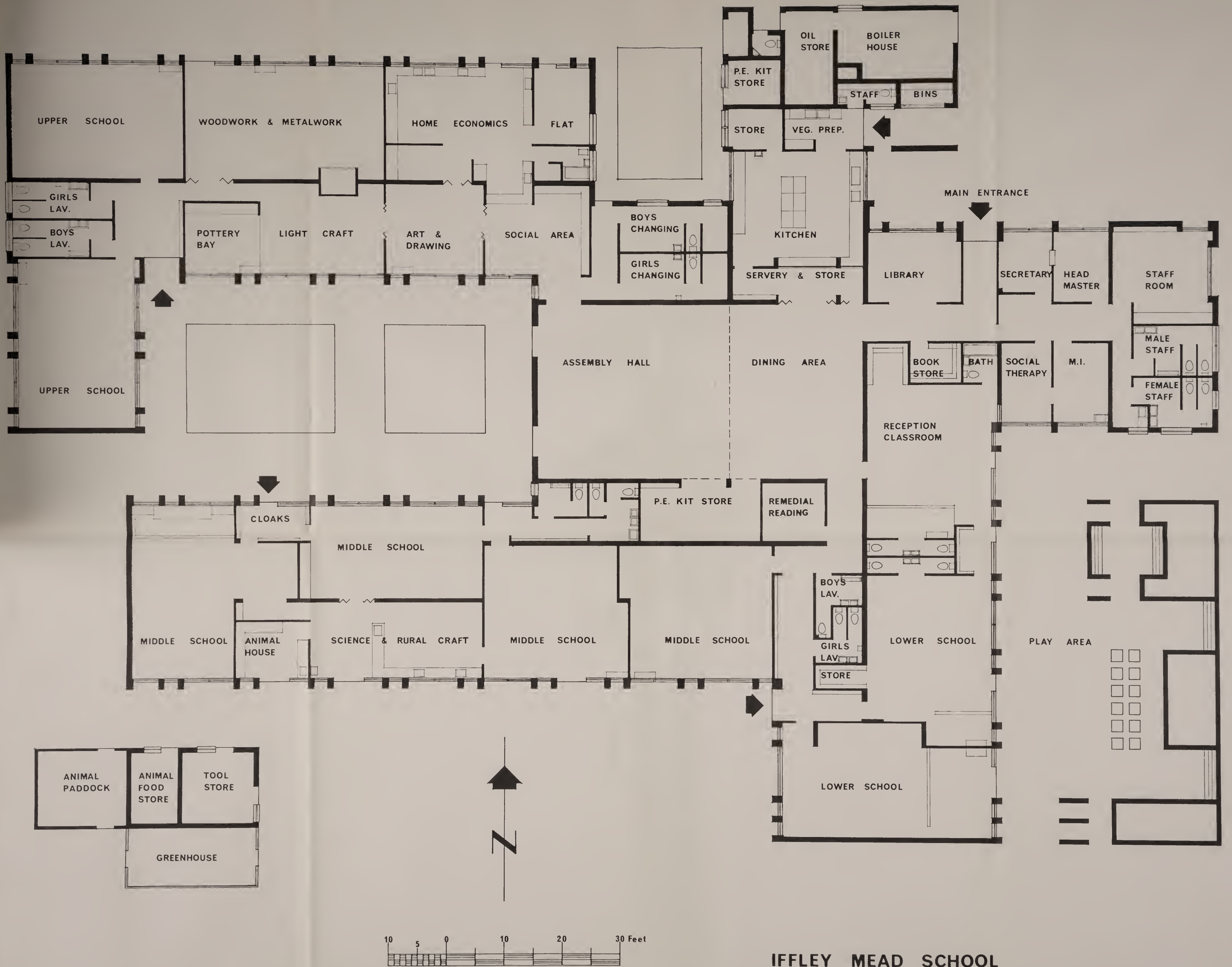
IFFLEY MEAD SCHOOL



COOKERY LESSON



GYMNASTICS



IFFLEY MEAD SCHOOL

Just as there has been enthusiasm among pupils and teachers, so too has there been enthusiasm among parents, and the functions organized by the active Parent/Teacher Association have been extremely well attended, at times, perhaps even uncomfortably overcrowded. We are not complaining. Parents need no longer feel embarrassed at the kind of building their children have to attend.

The School based Youth Club has also been caught up in the general enthusiasm and now meets on four evenings each week for a varied number of activities, thus making full economic use of the buildings and facilities provided by the Local Authority. Running the Club is an exacting task. But a need is met by making provision for young people who, mainly, find it difficult to settle in the normal City Clubs. But for the Club here, many young people would not attend a Club at all.

So, we are living in exciting times, times when it is easy enough to be enthusiastic. But with the facilities we now have, there is no doubt that the enthusiasm of Staff and Pupils alike will be maintained to the lasting benefit of the pupils.

THE ORMEROD SCHOOL

(a) Report by Dr. V. Hollyhock

During the year 49 children attended the school, there being six leavers and six new admissions. At the moment there are four children on the waiting list who are not yet five years old and three others who may require admission at a later stage.

Children are divided into three classes, broadly speaking according to age. At the top end of the school a leavers group, consisting of children who will attain 16 years of age within the next year or so, are participating in work and activities which should help them to make the change from school to employment more easily than they otherwise might. Since this is a transition which is even more difficult for handicapped children than normal children these activities are very valuable.

There were 42 children on roll at 31st December and the diagnoses were as follows:

<i>Classification</i>						<i>Disease</i>	1967	1968	1969
Respiratory	...	Asthma	...	...	...		7	5	6
						Bronchiectasis	1	1	1
Heart	...	...	Congenital	...	...		4	5	4

<i>Classification</i>			<i>Disease</i>	1967	1968	1969
Systemic	...	...	Von Willebrand's disease	1	1	—
			Renal rickets	1	—	—
			Mucoviscidosis	1	—	—
			Chronic nephritis	1	1	1
			Hypothyroidism	1	1	1
			Still's disease	—	1	1
			Underweight	—	1	—
Nervous	...	...	Polycystic disease	—	1	1
			Cerebral palsy with dip- legia, hemiplegia etc.	13	11	13
			Head injury	1	1	—
			Hyperkinesis	4	—	—
			Werdnig-Hoffmann paralysis	—	2	2
Locomotion disorders			Spina bifida	8	5	4
			Muscular dystrophy	2	1	1
			Congenital deformities of limbs	2	1	1
			Fragilitas osseum	2	2	2
			Perthe's disease	1	1	3
			Arthrogryposis	—	2	1

Many of the children have more than one handicap and in particular the children with spina bifida and cerebral palsy show wide ranges of disability, some being confined to wheelchairs and others able to get around on their own. A number of the children have undergone surgery during the year and indeed the advances in medicine and surgery are improving the quality of life for these children beyond what it would have been a few years ago.

We are looking forward to the new school and hoping that the present economic difficulties will not result in it being too long delayed. A site has been agreed and detailed plans are being prepared. During much of the year this work received urgent priority, as the new District General Hospital, the first phase of which is now being built close to the Ormerod School, was planned to expand onto the Ormerod site by June 1972, when we were expecting to have to vacate the school. However, further developments on the hospital planning side have resulted in a reprieve from the June 1972 deadline, though the school site will still have to be vacated some time after 1972.

(b) Report by Miss J. I. L. Martin, Headmistress

The number of pupils at the school showed little variation, but over the year there was a slight increase in the proportion of physically handicapped to delicate children. There were 43 children on roll in January and 42 at

the end of the year. Six children were admitted (three Junior and three Infants); three being physically handicapped and three delicate children.

Of the six leavers, three returned to 'normal' school, one child was admitted to hospital for long term treatment, one left the district and one was admitted to residential school. One Berkshire child died during the year.

<i>Age Groupings</i>						1967	1968	1969
5—7 years	...	...	...	...	...	16	14	11
8—11 years	...	...	...	...	...	16	21	21
11 plus years	...	...	...	...	...	9	8	10

<i>Sex Groupings</i>								
Boys	...	...	...	...	...	23	24	24
Girls	...	...	...	...	...	18	19	18

In December one half of the children were in the junior age range, but it was possible to make groupings of 15 'Seniors'; 15 'Juniors'; and 12 'Infants' after consideration of the mental and physical abilities of the children. Such arrangements were not ideal but were the best that could be managed with the present school facilities.

The school had six children who were entirely dependent on wheel-chairs for mobility, ten children who needed walking aids or crutches and four who were usually helped to move around because of unsteadiness and lack of motor control.

Twenty-six children attended swimming sessions at Blackbird Leys Bath. There were two sessions each week and the children were divided into two groups except for one girl with special needs who attended both sessions.

Swimming Tests

							Boys	Girls
Beginners—10 yards	...	...	...	...	...	...	3	2
Elementary—25 yards	...	...	...	...	...	...	—	1
Intermediary—75 yards	...	...	...	...	...	...	3	—
Proficiency—50 yards and diving	...	...	...	...	...	...	1	—

It will be seen from the above table that 10 swimming certificates were awarded. In addition, to encourage the less able children, Miss Bateson gave special certificates for those needing arm-bands, due to the nature of their handicaps, to support them in the water. We are extremely grateful to Miss Bateson for the interest she shows and the enthusiasm she arouses in the children. One girl and two boys gained certificates for 10 yards, and two girls managed to obtain a certificate for 10 yards and another for being able to cover the length of the Bath with arm support.

The School Medical Officer has visited each week for medical inspections and to advise parents. Two physiotherapists gave treatment at the school during the afternoons. The Remedial Gymnast attended for one day a week until she left the Authority. The Speech Therapist visited on one

morning a week for part of the year. The co-operation of the doctors and other professional workers was of great help and much appreciated.

Mr. Austin who voluntarily helped with music in the school left to go to Australia. We miss him greatly.

The 'Friends of Ormerod', an association comprising parents and teachers and others interested in the work of the school, was formed in June. A Committee has been elected and there have been two general meetings. A News Letter has been started to give information to members and parents of the children at school. It is hoped that the group will prove helpful to parents and an asset to the school.

The inclusion in a building programme of the project for the new school buildings has been delayed, but the preparation of the schedule of accommodation, together with planning brief, is in hand, and work proceeding with outline sketch plans.

School activities included:

A visit of the Maypole Dancers from the East Oxford School.

An Infant Outing to Hill End Camp, Eynsham.

The Junior/Senior outing to Whipsnade Zoo.

A Social Evening including a Firework Display given by the Youth Group of the Council of Social Service.

Talks by lecturers from the Commonwealth.

The Infants' visit to the cinema to see 'Fantasia' was made possible through the provision of transport by the Red Cross Society.

The 'Links' Club of the Red Cross Society continued to hold meetings at the school for the older children.

Groups of medical students and others from Colleges of Education visited throughout the year.

Finally, we would express our gratitude to the Chief Education Officer and his staff, the School Managers and all who have given service, help or advice during the year.

SPECIAL CLASSES FOR PARTIALLY HEARING PUPILS

Mr. E. D. Meekley, B.A., special teacher in charge of the Temple Cowley Secondary Unit and also responsible for the supervision of senior partially hearing children in normal schools and colleges reports as follows:

Although a number of changes of staff have taken place during the course of the year we have been fortunate in being able to keep all four units open under the charge of teachers who have had special training in teaching deaf and partially hearing children.

In December the distribution of children was as follows:

				<i>In the Units</i>			
				<i>City</i>	<i>Oxon.</i>	<i>Berks.</i>	<i>Total</i>
St. Ebbe's (Nursery)	...	...	3	2	1	6
St. Thomas (Infant)	...	...	3	3	1	7
South Oxford (Junior)	...	...	2	—	—	2
Temple Cowley (Senior)	...	...	1	4	1	6
TOTAL				9	9	3	21

Two partially hearing children are placed in the main school at Temple Cowley, and one in the main part of South Oxford Junior School. Two children were in secondary schools other than Temple Cowley and were visited by a teacher of the deaf at weekly intervals and nine were in normal primary schools under special supervision. The remaining 16 children with hearing aids had relatively minor defects.

We have continued to enjoy the full co-operation of the hearing therapists of the Radcliffe Infirmary who are responsible for the pre-school training of hearing impaired children. These children, in the crucial early stage of their education, when patterns of speech and language are being formed, move easily and naturally from the supervision of the hearing therapists to that of the nursery unit teacher. The smooth way in which this transition is achieved reflects the harmonious relationship between hospital and education department teachers.

We were particularly pleased at the appointment of Miss Rosemary Heddon to a post at the Radcliffe Infirmary, after gaining her specialist qualification at London University. Miss Heddon had her first experience of teaching the deaf whilst working at the South Oxford Unit.

Emphasis must always be laid on the importance of the role of heads and class teachers who accept children with impaired hearing into their schools. Without the goodwill and sympathetic co-operation of these teachers the unit system would prove almost impossible to operate. We had this point very much in mind when in July Miss Bristow, headmistress of St. Ebbe's Primary School, retired. It was in a corner of her school that the first unit in Oxford was established fourteen years ago. Her help and encouragement in those early years did much to foster the subsequent development of other units here.

At both the nursery and infant units the specialist teachers are relieved of much routine work by nursery assistants. At St. Ebbe's Mrs. Willington is proving to be a most willing and effective assistant although completely new to work with hearing impaired children.

Mrs. D. Metcalfe, the teacher in charge of the infant unit at St. Thomas's, herself the mother of a hearing impaired boy, has unfortunately felt compelled to resign for domestic reasons. She will however remain until another specialist teacher can be found. We appreciate this gesture and are

most grateful to Mrs. Metcalfe for her efforts over the past eighteen months. Until she took over, this unit had been closed due to the lack of a specialist teacher.

At the junior unit Miss J. Quinn returned in July to a London unit but we were fortunate in that Mrs. S. Campbell was available to take charge after the holiday. Mrs. Campbell has valuable experience of work in a residential school for the deaf. Although her group has been small it has included two aphasic children and her efforts with these children have been appreciated. Unfortunately she too will be leaving at Easter 1970 to have a baby. We wish her well.

Until July the secondary unit was under the charge of Miss Mary Gibson of the Ontario School for the Deaf. During her year with us the children benefited greatly from her informal approach and pleasant personality. Since September the writer has resumed charge of the unit, having completed a course of studies at Oxford University.

No children took up full time courses at the College of Further Education as the courses available were not suitable for the interests or abilities of the leavers. One girl has, however, subsequently enrolled for a part time secretarial course being allowed day release to do so by her employer.

The practice of placing those children who elect to remain at school until the age of 16 or over into jobs for one day each week, or occasionally, for several consecutive days, to gain work experience has been successfully expanded. By trying different types of employment these children are helped towards the choice of a career with less danger of a false start. We hope in this way to avoid a certain amount of frustration not only on the part of the children whose knowledge of the working world lags behind that of less handicapped children, but also on the part of sympathetic employers who are prepared to co-operate with us. Experience has been gained at Blackwell's, Pergamon Press, Neilson's, Wolsey Hall (office routine) and Minty's (furniture makers) and Potter and Brumfield (electrical parts assembly work).

Furthermore, to increase the general background experience of these children a series of weekly half day visits to local places of interest have been undertaken. These have ranged from going 'back stage' in a theatre to seeing parachute training at R.A.F. Abingdon, but emphasis has been placed on visits to offices and factories in which children might later find employment.

Although a substantial number of parents remain apathetic towards their children's education a hard core of enthusiastic parents organised as the local branch of the N.D.C.S. have been active. Through their good offices certain local charities have presented the units with overhead projectors and screens have been added to the equipment in use in the units.

The N.D.C.S. branch has also co-operated with the specialist teachers in organising extra help for partially hearing children out of school hours. This activity is supported by grants from the three local education authorities and typical of the sessions are, for example, a 'tutorial' given by a specialist teacher to a severely deaf boy in his own home and a tutorial group of senior girls discussing human reproduction with a sympathetic and experienced biology teacher.

The new training course leading to a qualification as a specialist teacher of the deaf and partially hearing has now been established at the Lady Spencer Churchill College of Education. Amongst the many visitors to the units during the course of the year we have been pleased to welcome students and tutors from this course and we look forward to co-operating with them in future.

ENURESIS CLINIC

Dr. Burn has provided the following report:

The clinic continues to serve school children from the City and neighbouring fringe areas. This year some 55% of cases were referred by family doctors and health visitors and 42% by school medical officers. The remainder were direct requests from mothers. The number of new patients fell, as in order to relieve pressure on the clinics, school medical officers were asked not to refer children until they were six years old. Children cannot usually manage a buzzer alarm very well under this age. Two-thirds of the cases were seen before their eighth birthday.

Case management

The buzzer alarm is still the most successful method of treatment and is used whenever possible. Another twelve were added to our stock during the year, making a total of 49, and this winter there has been no waiting list for buzzers.

Tofranil continues to be useful in a few cases where the buzzer is unsuccessful or unsuitable.

This year treatment with lactose placebo tablets has been tried, but with very little success. We have, in fact, had better results from some record cards kindly supplied by the makers of Tofranil. The children are given blue and gold stars to stick on when they have dry nights and in several cases this has appeared to help considerably.

Children who respond to treatment are followed up in three months by a postal enquiry in the first instance, and a domiciliary visit if necessary. 228 letters were sent out and 144 visits were made. Children who relapse are immediately offered a further course of treatment.

Children who do not respond to the buzzer are given one of the other types of treatment, which sometimes succeeds. However, there remains a hard core of cases who are persistently wet and who continue to attend the

clinic intermittently for many months. Often the bed wetting is only one aspect of the family's problems, and these children are very difficult to help.

There were 445 clinic attendances, averaging eight children at each clinic. Thirty-five clinics were held at Greyfriars and 23 at Blackbird Leys Health Centre. This proportion was found necessary despite the fact that only a fifth of City school children live in Blackbird Leys. On average one in every three patients failed to keep their appointments. Eighty-four new patients were seen and 92 old cases, which included 57 in whom follow up was incomplete in 1968.

Results

	<i>New Cases</i>	<i>Incom- plete cases from 1968</i>	<i>Old Cases</i>	<i>Total</i>
Spontaneous cure	4	2	—	6
Cured by treatment	25	25	8	58
Failed to improve or relapsed within three months	20	19	17	56
Dry, but follow up less than three months	19	8	6	33
Still on treatment	16	3	4	23
TOTAL	84	57	35	176

Of those cases who were cured, 80% responded to the buzzer alarm. The over all proportion of children who were cured or considerably improved by attendance at the clinic remains at 55%, the same as last year.

Two children developed buzzer ulcers, but in both cases these were relatively trivial, and both children became dry, in spite of treatment being prematurely curtailed.

REPORT OF THE ADVISER IN HEALTH EDUCATION

Mr. D. F. Lewis

The increasing demand for information, advice and speakers on aspects of Health Education in schools continued during the year. While this is an encouraging sign of the growing awareness of the importance and relevance of Health Education, it also illuminates the difficulties of coping with many unsolicited requests. It becomes increasingly apparent that a Health Department with its limited number of staff available to assist in schools is unable to fully and efficiently cope with all the growing demand. The only permanent solution to the problem is for teachers to undertake the major part of the teaching of Health Education in schools and to supplement their skills and knowledge with the specialised knowledge of itinerant speakers from the Health Department. Accordingly increased emphasis has been placed upon assisting the teachers in developing their own schemes of

work. Even pursuing this policy, the only one which will ultimately resolve the situation, Health Visitors alone have made the valuable contribution of 152 talks to schools during the year, the great majority of which have been to the fourteen secondary schools in the city. Add to this the number of occasions on which Doctors, the Health Adviser and other speakers have contributed, and it will be appreciated how necessary this policy becomes.

It is pleasing to see the manner in which teachers have involved themselves in the work and developed their own programmes of Health Education which, with each successive year, become more comprehensive and form a basis of knowledge on matters of personal and community health.

Infant Schools

The pattern generally adopted for these schools is usually the development of sound habit training. While this is as it should be, there is ample scope and opportunity for more challenging and interesting work at this level a challenge which has not yet been taken up sufficiently by many schools. One series of interesting lessons were initiated at Overmede Infants School during the year. With the joint co-operation of the Adviser and staff from the school, a study of 'Charlie', a flannelgraph character, was made. In a light and active way the children discovered how 'Charlie' lived, how he moved and the way in which his body worked. The lessons learnt were then applied to themselves, both actively through movement and in the classroom situation. The work led into a variety of topics including personal hygiene, food, safety, care of teeth and even on to smoking. For those who feel the subject of smoking to be irrelevant at 7 years, it should be pointed out that ideas and attitudes were found to have been already formed at this age, and that a large number of children had even indulged in smoking to a limited extent. Sufficient interest was generated for a number of parents to come along, see a lesson in progress and then stay to discuss what was trying to be achieved and the contribution which the home and family could make. After the Adviser initiated the series, the class teacher continued with follow up work of a most stimulating nature.

Primary School

With the majority of schools now fully launched on a programme of Health Education, the year has consisted to a large extent of establishing and consolidating this work. Many teachers have been given guidance on the possible content of material to be included and on the variety of ways in which it may be presented. Books have been made available, together with a selection of visual aids and other material.

The publication of a recent government survey on smoking among schoolboys of the 14-15 age group proved most disappointing. It clearly illustrates the failure to date to make any marked impression on the incidence of this undesirable habit. One step which may prove of value is the attempt to inculcate attitudes towards smoking at an early age. Accordingly some of the primary schools have made a more positive approach to the

subject by extending the work undertaken on respiration to include smoking. This has involved the use of the excellent film 'The Smoking Machine' which has been shown to the senior pupils of this age group, and supplemented with a talk from a visiting speaker. A similar approach to other aspects of health education is becoming a regular pattern. The schools carry through the basic programme of work and invite in the Adviser, doctors or health visitors to round the topic off, either with a talk or with a period devoted to any remaining questions. Alternatively such talks may be used to trigger off a particular line of study or to initiate project work. Other schools such as St. Mary & St. John have invited the school health visitor to give a series of talks ranging over a selection of topics. In this instance the growing co-operation between primary and secondary schools was of valuable assistance. Cheney Girls Grammar School lending the junior school a collection of microscopes to explore a particular line of study more fully. Similarly other secondary schools have helped by providing assistance with such things as culture solutions for the growth of bacteria, or by lending anatomical models. The expense of such equipment is often beyond the resources of junior schools, but the sharing of equipment widens the scope and interest for health education among the younger pupils.

A further stimulus was prompted by the Science Fair. Several schools included health education material as part of their display, Blackbird Leys School in particular displaying a selection of most interesting projects on work from reflex actions to the examination of fingerprints.

The number of schools including sex education as part of their scheme of health education continues to grow. By far the majority now include this aspect or are in the process of implementing the topic. The pattern has continued as in previous years, with the Adviser talking to the school's parent-teacher associations, prior to the introduction of the subject. During the year several hundred parents have been spoken to in this way. There has been little evidence to indicate any objection from among parents to the inclusion of sex education for the older pupils in the primary schools. In fact quite the opposite has occurred, there being ample testimony to the parents' belief and support for the teaching of the subject.

To help maintain the close liaison between Adviser, head teachers and assistant teachers, a small working party on health education was formed. Members include both head and assistant teachers with a variety of experience in this field of work. The working party will examine various aspects of the subject and the way in which they can and should be absorbed into the school curriculum. Their advice has already proved of value in determining the areas in which teachers require more guidance. A series of talks is being arranged to meet this need early next year.

Secondary Schools

One of the most interesting and challenging innovations during the year was the organising of a week's course for senior pupils on Mental Health. The course was jointly arranged by members of Littlemore Hospital, Oxford Council of Social Services and the Adviser for Health Education. The study of mental health invariably seems to conclude by studying mental ill health. Consequently care was taken when establishing the purpose and direction of the course to try to balance these two components. It soon became apparent that uniformity of purpose and objective were extremely difficult to obtain. The aims of the course were therefore expressed rather loosely as providing an opportunity to gain more insight into various aspects of mental health and social involvement.

The decision to hold the course at a Psychiatric Hospital was a natural and successful one. It represented the focal point of community psychiatric care and provided opportunity to explore the relevant questions both practically and academically. As a pilot scheme it was necessary to restrict the numbers attending to around 28 and to maintain a flexible programme. The programme formed itself into four main areas: greater understanding regarding the pressures and crises in daily living and their influence upon our state of mental health; appreciating the form and extent of community involvement both inside and outside the hospital; learning about the way in which the hospital functioned, which included visiting the wards and talking with the patients and staff and project work. Each group undertook to prepare a project along a particular line of study which was presented to the course on the final day. Much of value was learnt during the week, both by the organisers and the members, not least of which was the allaying of many preconceived ideas and old wives tales regarding psychiatric hospitals. Already plans are under way to continue with the course next year when it is hoped that schools will take the opportunity to follow up more fully the work initiated by the course.

Courses such as the one on Mental Health serve to provide further impetus to the regular work undertaken on education in health followed by most schools. The same is intended of the wide variety of talks given by the Adviser and others in schools. The main request for talks has again revolved around dental health, mis-use of drugs, venereal disease, aspects of personal relationships and smoking, topics which teachers often feel require more specialised knowledge than they possess, although an increasing number of requests for films and literature on these topics point to teachers being more willing to tackle the subject themselves. The television education programmes have been allocating more time to health education recently and schools such as Redefield have been using these programmes, then examining their content more fully through discussion and together with the aid of an outside speaker.

The degree and extent to which education for personal relationships can be pursued in special schools poses something of a problem. Little seems

to have been done in this field elsewhere, yet the pupils are usually physically and emotionally as mature as in other schools. A series of film and discussion sessions were arranged for the educationally sub-normal pupils at Slade Park School. It became apparent from these occasions that the pupils want and possibly need the opportunity to discuss relationships. The approach used has to be more varied than in other schools, calling for particular skills and understanding from the staff involved. It was found necessary to use far more visual material than usual, in order to develop discussion work, but the nature and depth of discussion which followed emphasised the benefits to be derived. The interest extended later to include the Slade Park Youth Group, to whom talks and discussions on drugs and smoking were given.

All but one of the non-selective secondary schools now run courses in mother and child care. Teachers and health visitors have worked together admirably in this field and evolved a stimulating and interesting course. It is worth noting that an increasing number of boys are participating, though quite naturally with a slightly varied scheme of work. At the conclusion of the course most pupils take the national examination, although Redefield School have developed the subject of Child Care for presentation as mode 3 of the C.S.E.

A new venture was the two day conference on personal and community relationships organised for the upper fourth forms at Milham Ford School. The sixth form block was taken over entirely for the two days and its relaxed and informal surroundings, far removed from the classroom, were a major contribution to the success of the conference. The first day was given over to aspects of adolescent health and growing up, which involved the Adviser and a School Medical Officer in sustained and penetrating discussion. The second day looked more closely at the community, entailing visits to a variety of centres such as hospitals, health centres, fire stations, etc., the individual groups reporting back on their experiences to the rest of the conference. The course concluded with a brief selection of talks by representatives from the Council of Social Services, the Fish Scheme and the Committee for Racial Integration. Next year it is intended to repeat the conference but to extend it to three days.

Temple Cowley School again took advantage of their residential course at Hill End Camp to include two evenings on the subjects of smoking and personal relationships.

Earlier in the year a group of senior boys had received a series of talks on health matters. The series formed part of a more general programme of work designed to prepare the boys for leaving school. Topics covered ranged from oral resuscitation to a most interesting session on 'questions about health'. At the conclusion of the year the school arranged a well attended meeting of parents to hear the Adviser talk on 'Adolescence' followed by a most lively discussion.

The subject of drug abuse has demanded much attention once more. Talks have regularly been given to schools and youth clubs. At Headington Secondary School, a small group of girls gathered together information and visual aids to present themselves the subject to their form colleagues, an approach which may well prove more effective than inviting along an expert to speak.

Assistance to Other Organisations

The Department of Education and Science held their annual Health Education Conference in Oxford. The organisers wanted the opportunity for their members to visit schools and see health education in practice. Arrangements were made for seven groups each to visit a primary and secondary school, where they talked with staff and children and in many cases were able to see the children engaged in lessons involving health education.

Two meetings were held at East Oxford Health Centre for teachers and health visitors to consider how they could work more closely in the field of mother and child care courses. A speaker from the National Association talked of the content leading to examinations, and of the method of marking. The second meeting reviewed films and material suitable for supplementing the basic teaching.

The Adviser and a member of the Thames Valley Constabulary drug squad, jointly presented an illustrated talk on the current drug situation to the parent-teacher associations at Cheney School and later at Bayswater School.

For several years various television authorities have contacted the city with a view to filming some of the sex education and education for personal relationships taught in the schools. Until the end of this year little encouragement has been given to the producers, preferring not to highlight the work or to show it out of context. With all the publicity attached to the recent series of B.B.C. films on sex education, it was felt that the approach from B.B.C. Panorama to film some of the work undertaken in the schools was now both acceptable and possibly desirable. A parent-teacher meeting on the subject was accordingly filmed at St. John Fisher School, followed by two lessons at Redefield School. The final form of the programme is not yet known, but is due to be televised early in 1970.

Lectures on Health Education in School have been given to students in several colleges of education. Requests for advice and information have come from areas in this country and as far afield as Turkey and Hong Kong. These requests, together with visits from people involved in education on health, provide an opportunity for a two way exchange of information, beneficial to all concerned.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

C. H. I. MILLAR, B.Sc., L.D.S.

The dental service has once again been able to maintain comprehensive 'coverage' of the City's nursery, primary and secondary schools and to meet all demands for treatment at the clinic, either at the direct request of parents for appointments or following routine inspections of pupils at schools.

The well established 'six-monthly recall scheme' has also continued to operate as in previous years and any patients who may wish to avail themselves of this privilege are admitted to the scheme on request.

The figures for the various aspects of the school dental service show remarkable consistency over the years, which would suggest that the general pattern of demands to be made on the service in the future is unlikely to be much different from what it has been in the past.

As it seems likely that Mrs. White's withdrawal from her part-time post (for domestic reasons) will be a permanent one, arrangements may have to be made to find a replacement for her as dental auxiliary. It will certainly not be easy to find anyone of her calibre.

We have again enjoyed the same degree of co-operation on the part of head teachers and their staffs as in past years, for which we wish to renew the expression of our gratitude.

Details of Dental Inspection and Treatment carried out by the Authority

Attendances and treatment	Ages			Total
	5 to 9	10 to 14	15 and over	
First visit	1,117	752	143	2,012
Subsequent visits	789	811	225	1,825
Total visits	1,906	1,563	368	3,837
Additional courses of treatment commenced	181	56	22	259
Fillings in permanent teeth	610	1,199	330	2,139
Fillings in deciduous teeth ...	623	—	—	623
Permanent teeth filled ...	609	1,197	330	2,136
Deciduous teeth filled ...	623	—	—	623
Permanent teeth extracted ...	59	168	29	256
Deciduous teeth extracted ...	353	36	—	389
General anaesthetics	—	—	—	—
Emergencies	65	26	3	94
Number of Pupils X-rayed ...	—	—	—	10
Prophylaxis	—	—	—	1,486
Teeth otherwise conserved ...	—	—	—	1,427
Number of teeth root filled	—	—	—	3
Inlays	—	—	—	—
Crowns	—	—	—	—
Courses of treatment completed	—	—	—	2,172

Orthodontics

Cases remaining from previous
year

New cases commenced during
year

Cases completed during year

Cases discontinued during
year

No. of removable appliances
fitted

No. of fixed appliances fitted

Pupils referred to Hospital
Consultant

1

1

—

1

—

—

Prosthetics

Pupils supplied with F.U. or
F.L. (first time)

Pupils supplied with other
dentures (first time)

Number of dentures supplied

—

—

—

—

—

2

2

4

—

2

2

4

Anaesthetics

General anaesthetics administered by Dental Officer

...

—

Inspections*Total*

(a) First inspection at school. Number of pupils

...

13,701

(b) First inspection at clinic. Number of pupils

...

627

Number of (a)+(b) found to require treatment

...

3,028

Number of (a)+(b) offered treatment

...

...

3,028

(c) Pupils re-inspected at school or clinic

...

...

886

Number of (c) found to require treatment

...

...

259

Sessions

Sessions devoted to treatment

...

...

...

...

494

Sessions devoted to inspection

...

...

...

...

81

Sessions devoted to Dental Health Education

...

...

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REPORT OF THE ADVISER IN PHYSICAL EDUCATION

MR. J. K. D. WHALING

The Nineteen Sixties

During the nineteen sixties considerable developments have taken place in the field of physical education.

Primary Schools

In the primary schools modern educational gymnastics and dance have become firmly established and schools have been well supplied with fixed

and portable apparatus—challenging equipment which allows the child freedom to develop physically and mentally at his own rate and which helps to develop such characteristics as creativeness, awareness, curiosity, eagerness and vitality. Children are able to select and to experiment and to learn in different situations whether in gymnastics, games, swimming, dance or drama.

Secondary Schools

In the lower part of the secondary school, gymnastics, major team games, athletics, swimming and dance are the basis for training, but in the upper part of the school, physical education tends to break away from the gymnasium and playing fields. The programme has broadened and schools are able to offer an ever-widening range of activities and opportunities to enable pupils to become highly skilled in the kinds of recreational pursuits which can be continued in adult life.

Canoeing, sailing, judo, fencing, riding, squash, golf and outdoor activities have been introduced into schools and a degree of choice is possible either by 'blocking' time within school hours or by means of after school clubs.

Swimming

Facilities for the teaching of swimming have been greatly improved. Eleven primary school instructional pools, an indoor heated pool at Blackbird Leys and a secondary pool at Milham Ford School have been erected. As a matter of general policy, primary schools were given priority of use over secondary schools at Temple Cowley Bath and allocations of time have been given to the maximum number of third and fourth year junior school children so that a concentrated effort can be made on teaching children at this age all the year round. In 1963, 71.7% of the children promoted to secondary schools had passed at least a 10 yards certificate.

The following years' results were as follows:

1964	75.40%
1965	81.00%
1966	84.00%
1967	86.00%
1968	89.00%
1969	90.00%

The need for additional indoor swimming accommodation, particularly for secondary school children and adults, is urgent.

Woodlands, Outdoor Centre

In order to meet the growing demand for places on residential outdoor activity courses, the Education Committee purchased Woodlands at Glasbury-on-Wye and in October 1965 the first Schools' Course was held. The Centre now accommodates 40 boys and girls together or boys and girls separately and the old stable block has been reconstructed and is used for permanent staff accommodation.

A standard basic two weeks' course for secondary school children was offered; this allows both an introduction to all aspects of outdoor education and a reasonable degree of specialist work in an activity chosen by the pupil. In addition to the adventure courses for schools the programme has included:

1. Duke of Edinburgh Award Courses for Bronze, Silver and Gold Expeditions and Training.
2. Field Study Courses for Geography, English and Art.
3. Mountain Leadership Certificate Assessment Courses for College of Education Students.
4. Week-end Courses for the British Canoe Union.
5. General Adventure and Canoeing Courses for College of Education students.
6. Advanced Courses for Caving, General Adventure and Canoeing.

Woodlands is now recognised as an 'in service' training centre for the Mountaineering Instructors' Certificates and the Warden, Chief Instructor and three assistant instructors are to be congratulated on the excellent progress made at the Centre.

Sports Advisory Councils

The Oxford Sports Advisory Council was formed in 1964 to encourage school leavers to continue to take an active participation in sport and to examine the recreational needs of the community and to advise the Local Authority on future developments. In 1965 the National Sports Council and the Southern Regional Sports Council were formed 'to promote co-operation and co-ordination in the provision of sports facilities'. The dual use of facilities by schools and the community offers substantial advantages in meeting the need for educational and recreational facilities in the most economical way. In 1969 building commenced on the Redefield Sports Hall which is an example of joint planning between the Education Committee and the Estates and Amenities Committee. The Hall will be 40 yards square—large enough for two indoor tennis courts. Badminton, Basket Ball, Netball, Volley Ball, Indoor Cricket and Olympic Gymnastics are some of the activities also planned.

Courses for Teachers

Seventy-five training and refresher courses for teachers of physical education have been arranged and the high attendances have been most gratifying. The teaching of physical education in its many aspects has undergone numerous changes and teachers have always shown a readiness to try new methods with encouraging results.

Canoeing and Sailing

Water sports are becoming increasingly popular and to meet the needs of school children and young people the Riverside Club at Donnington Bridge was opened in 1964 and the Oxford and District Schools Sailing Association was formed at the Farmoor Reservoir Sailing Centre in 1966.

Oxford City Schools Sports Association

Forty-three primary and secondary schools are affiliated to the Oxford City Schools Sports Association which was formed in 1961. Many boys and girls have represented Oxfordshire in inter-county and national competitions and boys have represented England in Rugby Football, Association Football and Cricket. One girl won the Gold Medal in the 1967 National Age-Group Swimming Competitions and one boy won the Southern Counties Junior Foil Fencing Championship. In 1968–69, the Blackbird Leys Gymnasts were the top girls' gymnastic club in the south of England and they won the Silver Medal at the 1969 Great Britain Junior Women's Apparatus Championships at Port Talbot. In 1966 the Oxford Boys (under 15) Soccer XI reached the final of the English Schools Shield, competed for by 320 teams from all parts of the country. The final, which was decided on the best of two matches, was won by East London.

Teachers are to be congratulated on the high standards which are being attained and thanks are due to them for the many hours spent in coaching and travelling, often great distances, with school and representative teams.

Further Education

More than 65 physical recreation classes are now organised during the winter months in Evening Institutes, Youth Clubs and Community Associations. Ladies Keep Fit is one of the most popular activities and the demand is so great that these classes run throughout the year. Weight training, Dri-Skiing, Golf, Judo, Fencing, 'Learn to swim', Canoe Rolling, Trampolining, Dance, Basket Ball, Netball, Indoor Cricket, Indoor Tennis, and Badminton are some of the activities in the Further Education Programme. In co-operation with the Central Council of Physical Recreation, coaching courses for young people and adults are arranged annually.

1969—Schools' Sports Associations

The activities of the Schools' Sports Associations have continued and the following items are of interest.

Under the direction of the Warden, the activities at the Riverside Club have increased considerably. Courses have been arranged in canoe building and College of Education students from Berkshire, West Sussex and Newcastle have attended coaching courses at the Centre. Three Riverside Club members have gained distinction.

D. Smye has been selected as a member of the squad training for the Munich Olympics in 1972, H. Dyer competed in Russia as a member of the British Junior Team and R. Sharpe competed as a member of the British Junior Team in the International Slalom at Llangollen.

An Angling Club for young people has been formed and operates from the Riverside Club.

During the year the Schools Sailing Association organised four one week training courses and 43 certificates were gained by teachers and leaders. Since the formation of the Association in 1966, certificates have

been awarded to 41 full instructors, 48 assistant instructors and 176 helmsmen and a number of the instructors have also gained National status. The Association was invited to organise a Regatta on the lake at Blenheim Palace as part of the Woodstock Horse Show and two cups presented by the Duke of Marlborough were awarded to the winning team and the winning helmsman.

The Boys and Girls Athletic Championships were held separately at Horspath and for the first time the distances and heights in the track and field events were recorded in metric units. In the boys' events, Cheney Mixed School won the Under 20 and Under 17 Trophies and Bayswater School were the winners of the Under 15 Cup. Cheney Mixed School won the new Under 20 Trophy and Oxford High School (under 17) and Milham Ford School (under 15) were the other section winners.

Eleven City boys and girls represented Oxfordshire in the All England Championships which were held at Motspur Park, Surrey.

The City Schools' Cross Country Championships were run over the Shotover course and the trophies were won by Oxford School, Bayswater School and Cheney School.

In July, 17 boys from the Schools' Gymnastic Association visited Vordingborg, Denmark, to train and compete with top Danish gymnasts. Accompanied by Mr. V. Brown, the Association Secretary and the Adviser in Physical Education, the party visited schools and colleges and many places of interest including Copenhagen and Elsinore.

During 1969 the Blackbird Leys Gymnasts won the girls under-eleven years and under-15 years championships of the Southern Area Vaulting and Floorwork competitions and also the boys under-13 years championship. Redefield School won the inter-school girls floorwork and apparatus competition and also the girls inter-school trampoline championships.

The Senior Schools Tournament organised by the Oxfordshire Hockey Association attracted entries from 21 schools and Holton Park School were the winners.

The Junior County XI, which is 50% city girls and 50% county, played in the Southern Counties Tournament held in Oxford and drew five matches and lost one. 105 girls attended trials after which the 1st, 2nd and reserve XI's received special coaching from Miss Nancy Tomkins, the Hockey Association Coach.

The girls Junior County Tennis Tournament was held at Norham Gardens Lawn Tennis Club and Susan Hembry of Milham Ford School regained her title as Junior County Champion. Matches for the under 18 years county team were arranged against Hampshire, Gloucestershire, Buckinghamshire, Northamptonshire, Wiltshire and Berkshire. During the year the Oxfordshire Lawn Tennis Coaches Association was formed to 'encourage and assist coaches to further their interests and promote the development of coaching within the County'.

Twenty-eight teams entered the Schools Netball Tournament which was held at Bayswater School and won by Notre Dame High School.

Thirteen schools competed in the under 15 league which was arranged in two divisions and the section winners were Edmund Campion School and East Oxford School. Twelve schools took part in the under 13 league.

The main event of the Schools' Folk Dance Society was the summer Festival which was held on the playing fields of Bayswater School. The courses arranged by the Society for men and women teachers in primary and secondary schools have been most successful and Festival programme dances are normally selected and practised at these courses.

The Oxfordshire Schools Cricket Association had an excellent season. For the first time the under 15 team beat their three major county opponents, Warwickshire, Worcestershire and Yorkshire. Apart from these fine victories Oxfordshire drew a close game with Hertfordshire and lost by one wicket to Buckinghamshire. Sixteen boys drawn from eleven schools—eight within the City and three from the County—represented the Association.

Two members of the side, M. Lloyd (M.C.S.) and R. Finch (Salesian College) represented the Midlands and Finch went on to play for the full England side.

The Oxford Boys (under 15) Soccer XI reached the quarter finals of the English Schools Trophy by defeating Aylesbury, Poole, Woking, Maidstone and South London. The quarter final was won by Swindon after a replay.

G. Langford of Temple Cowley School won the Lightweight Title in the first British Schoolboys Weight-Lifting Championships at Osberton Radiators Clubhouse, Oxford. He also won the best lifter award in the 15—16 age group and as a result attended a residential course organised by the British Amateur Weight Lifters' Association at Bisham Abbey.

Nine teams took part in the Under 15 Basket Ball League which was won by Temple Cowley School. Salesian College were champions of the Under 14 league. The Under 15 Knock Out Tournament produced some excellent play and Edmund Campion School defeated Redefield School in a very close and exciting final.

It is particularly pleasing to record that 90% of the children who were promoted to secondary schools at the age of 11 were able to swim at least 10 yards and 83.6% of the children who reached school leaving age in July qualified for at least a 10 yards certificate.

An analysis of all swimming tests passed in 1969 is shown below:

						<i>Boys</i>	<i>Girls</i>
Elementary:	25 yards	...	...	...	...	506	496
Intermediate:	75 yards	...	...	...	...	352	310

					<i>Boys</i>	<i>Girls</i>
Proficiency:	(a) 50 yards in clothes					
	(b) recover an object from 4' 6" depth					
	(c) one plain dive				227	123
Advanced:	100 yards good style					
	50 yards front crawl					
	50 yards back crawl				52	31
Royal Life Saving Awards						
	Preliminary Safety				70	27
	Advanced Safety				21	25
	Intermediate Certificate				8	15
	Bronze Medallion				13	18
	Bronze Cross				—	4
	Award of Merit				4	3
Amateur Swimming Association's						
	Personal Survival Awards				27	41

At the Blackbird Leys Pool, over 90 adults registered as non-swimmers at the beginning of the year and by December 85 had swum across the bath. The Blackbird Leys Life Saving Club has been formed and has had the following Royal Life Saving Society's awards:

- 1 Distinction Award
- 1 Grade II Examiner
- 2 Instructor's Certificates
- 3 Awards of Merit
- 1 Bronze Cross
- 18 Bronze Medallions

MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31ST DECEMBER, 1969

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January. 1970

(i) Form 7 Schools	...	...	...	...	...	...	16,012
(ii) Form 7M	...	...	...	...	...	...	296
(iii) Form 11 Schools	...	...	...	...	...	...	405
Total							16,713

Part 1—Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (Including Nursery and Special Schools)

TABLE A—Periodic Medical Inspections

Age Groups inspected (by year of Birth)	No. of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Un-satisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.		(6)	(7)	(8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1965 and later	319	319			3	31	34
1964	791	791	—	—	23	87	106
1963	434	434	—	—	14	50	62
1962	52	52	—	—	1	5	6
1961	32	32	—	—	—	4	4
1960	37	37	—	—	2	3	5
1959	43	43	—	—	4	6	9
1958	407	407	—	—	5	26	30
1957	626	626	—	—	9	58	61
1956	221	221	—	—	4	17	20
1955	56	56	—	—	3	4	6
1954 and earlier	70	70	—	—	—	3	3
Total	3088	3088	—	—	68	294	346

Col. (3) total as a percentage of Col. (2) total 100%

Col. (4) total as a percentage of Col. (2) total 0.00%

to two places of decimals.

TABLE B—Other Inspections

Number of Special Inspections	...	...	586
Number of Re-inspections	...	...	1522
TOTAL	...	...	2108

TABLE C—Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	25,366
(b) Total number of individual pupils found to be infested	133
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	4
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

Part 11—Defects found by periodic and special Medical Inspections during the year

Defect Code No. (1)	Defect or Disease (2)				PERIODIC INSPECTIONS				Special Inspec- tions (7)
					Entrants (3)	Leavers (4)	Others (5)	Total (6)	
4	Skin	T	7	—	9	16	—	—	
5	Eyes— <i>a.</i> Vision ...	T	40	—	28	68	3		
		O	59	—	11	70	—		
	<i>b.</i> Squint	T	21	—	6	27	—		
		O	5	—	—	5	—		
	<i>c.</i> — Other	T	1	—	1	2	1		
		O	2	—	—	2	—		
	Ears— <i>a.</i> Hearing ...	T	8	—	2	10	—		
		O	36	—	21	57	1		
6	<i>b.</i> Otitis Media	T	4	—	2	6	—		
		O	8	—	3	11	—		
	<i>c.</i> Other ...	T	1	—	—	1	—		
		O	—	—	—	—	—		
7	Nose and Throat ...	T	21	—	5	26	—		
		O	52	—	13	65	—		
8	Speech... ..	T	12	—	2	14	—		
		O	32	—	4	36	—		
9	Lymphatic Glands ...	T	1	—	5	6	—		
		O	9	—	6	15	—		
10	Heart	T	4	—	1	5	1		
		O	22	—	9	31	—		
11	Lungs	T	5	—	4	9	—		
		O	18	—	15	33	—		
12	Developmental— <i>a.</i> Hernia	T	9	—	1	10	—		
		O	5	—	1	6	—		
	<i>b.</i> Other	T	3	—	14	17	—		
		O	39	—	10	49	1		
13	Orthopaedic— <i>a.</i> Posture	T	5	—	15	20	1		
		O	6	—	7	13	—		
	<i>b.</i> Feet ...	T	31	—	23	54	3		
		O	46	—	16	62	—		
	<i>c.</i> Other ...	T	10	—	14	24	—		
		O	43	—	7	50	1		
14	Nervous System— <i>a.</i> Epilepsy ...	T	—	—	—	—	—		
		O	3	—	4	7	—		
	<i>b.</i> Other ...	T	1	—	1	2	—		
		O	3	—	4	7	—		
15	Psychological— <i>a.</i> Development	T	4	—	2	6	3		
		O	14	—	11	25	4		
	<i>b.</i> Stability ...	T	1	—	5	6	4		
		O	35	—	24	59	3		
16	Abdomen	T	6	—	1	7	—		
		O	7	—	4	11	—		
17	Other	T	13	—	13	26	3		
		O	122	—	66	188	7		

**PART III—Treatment of pupils attending Maintained Primary and Secondary Schools
(including Nursery and Special Schools)**

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	—
Errors of refraction (including squint)	1130
Total	1130
Number of pupils for whom spectacles were prescribed	458

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear	<i>Figures</i>
(b) for adenoids and chronic tonsillitis	<i>not</i>
(c) for other nose and throat conditions	<i>available</i>
Received other forms of treatment	72
Total	72
Total number of pupils still on the register of schools at 31st December 1969 known to have been provided with hearing aids:	
(a) during the calendar year 1969... ..	10
(b) in previous years	41

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments	43
(b) Pupils treated at school for postural defects	453
TOTAL	496

**TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part 1)**

	<i>Number of pupils known to have been treated</i>
Ringworm (a) Scalp	—
(b) Body	—
Scabies	4
Impetigo	—
Other skin diseases	—
TOTAL	4

TABLE E—CHILD GUIDANCE TREATMENT

	<i>Number known to have been treated</i>
Pupils treated at Child Guidance clinics	247

TABLE F—SPEECH THERAPY

	<i>Number known to have been treated</i>
Pupils treated by speech therapists	276

TABLE G—OTHER TREATMENT GIVEN

	<i>Number known to have been treated</i>
(a) Pupils with minor ailments	—
(b) Pupils who received convalescent treatment under School Health Service arrangements	42
(c) Pupils who received B.C.G. vaccination	724
(d) Other than (a), (b) and (c) above	—
TOTAL (a)-(d)	766

SCREENING TESTS OF VISION AND HEARING

1. (a) Is the vision of entrants tested as a routine within their first year
at school? Yes
- (b) If not, at what age is the first routine test carried out? —
2. At what age(s) is vision testing repeated during a child's school life? 8, 11, 13,
15 years
3. (a) Is colour vision testing undertaken? Yes
- (b) If so, at what age? 11 years
- (c) Are both boys and girls tested? Yes
4. (a) By whom is vision testing carried out?
Clerical Assistants, School Health Service
- (b) By whom is colour vision testing carried out?
Clerical Assistants, School Health Service
5. (a) Is routine audiometric testing of entrants carried out within their
first year at school? Yes
- (b) If not, at what age is the first routine audiometric test carried out?
- (c) By whom is audiometric testing carried out? ... Clerical Assistant,
School Health Service.

